

17-39
X21402

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 294

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Forsythe
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Community Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 (Specify whether 1)
 In this community 3 years, months or days

8. (a) PRINT FULL NAME Walter D. Upton
 8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or White
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if 56 years

7. Birth date of deceased 2/6/1868
 (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Middlebourne Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John T. Upton

13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

14. Maiden name Ellen C. Upton

15. Birthplace Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant Carroll Pritchett

17. (a) Burial (b) Date thereof 12/21/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Shelby & Barbeau
 (b) Address Shelby Mo.

19. (a) 12-22-40 (b) Spencer L. Trema
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Shelby
 (c) City or town Shelby Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day Nineteenth year 1940 hour nine minute 8 P.M.

21. I hereby certify that I attended the deceased from December nineteenth, 1940, to December 19, 1940, that I last saw him alive on December 19, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure

Due to Myocardium

Due to Chronic Bright's Disease

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings: Of operations no operations

Of autopsy no autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. R. Schultz (R. D. or other) D.O.
 Address Community Nursing Home Date signed 12/21/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 1-41-183

Date Filed JAN 16 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

W. E. McQuinn

Licensed Embalmer No. 3957

P. O. Address Helena Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank!