

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

Rev. 5-17-39  
50M-5-17-39  
1 X1251

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS <b>APR 15 1941</b>		MISSOURI STATE BOARD OF HEALTH <b>STANDARD CERTIFICATE OF DEATH</b>		State File No. <b>10004</b>
Registration District No. <b>67</b>		Primary Registration District No. <b>5706</b>		Registrar's No. <b>6</b>
<b>1. PLACE OF DEATH:</b>				
(a) County <b>Bollinger</b> (b) City or town <b>Rural Sconus Township</b> (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution _____ In this community <b>Lifetime</b> / (Specify whether years, months or days)				
<b>2. USUAL RESIDENCE OF DECEASED:</b>				
(a) State <b>Mo</b> (b) County <b>Bollinger</b> (c) City or town <b>Rural</b> (If outside city or town limits, write "RURAL") (d) Street No. <b>Near Sconus, Mo.</b> (If rural, give location) (e) If foreign born, how long in U. S. A. ? _____ years				
<b>MEDICAL CERTIFICATION</b>				
20. DATE OF DEATH: Month <b>Mar.</b> day <b>11th</b> year <b>1941</b> hour <b>11:00</b> minute <b>A.</b> M.				
21. I hereby certify that I attended the deceased <b>Mar 10th</b> <b>Mar 9th</b> 19 <b>41</b> ; that I last saw her alive on <b>Mar 9th</b> 19 <b>41</b> ; and that death occurred on the date and hour stated above.				
Immediate cause of death <b>Branchiopneumonia</b>				Duration
Due to <b>Influenza</b>				PHYSICIAN _____ Underline the cause to which death should be charged statistically
Due to <b>Heart</b>				
Other conditions (Include pregnancy within 3 months of death)				
Major findings: Of operations				
Of autopsy				
22. If death was due to external causes, fill in the following:				
(a) Accident, suicide, or homicide (specify) <b>20</b> (b) Date of occurrence <b>no</b> (c) Where did injury occur? <b>20</b> (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 <b>W. F. Fullbright</b> (M. D. or other) Address <b>Marble Hill, Mo</b> Date signed <b>3/11/41</b>				
(Licensed Embalmer's Statement on Reverse Side)				

MOTHER FATHER

3. (a) PRINT FULL NAME <b>Francis C. Upchurch</b>				
3. (b) If veteran, name war _____		3. (c) Social Security No. _____		
4. Sex <b>Female</b> /	5. Color or race <b>White</b>	6. (a) Single, widowed, married, divorced <b>Widow</b>		
6. (b) Name of husband or wife _____		6. (c) Age of husband or wife If alive _____ years (Day) (Year)		
7. Birth date of deceased <b>Feb. 20 1848</b> (Month) (Day) (Year)				
8. AGE: Years <b>93</b>	Months _____	Days <b>19</b>	If less than one day _____ hr. _____ min.	
9. Birthplace _____ (City, town, or county) (State or foreign country) <b>Mo. Co</b>				
10. Usual occupation <b>Housewife</b>				
11. Industry or business _____				
12. Name <b>Unknown</b>				
13. Birthplace _____ (City, town, or county) (State or foreign country) <b>Mo.</b>				
14. Maiden name <b>Sarah Fullbright</b>				
15. Birthplace _____ (City, town, or county) (State or foreign country) <b>N. C.</b>				
16. (a) Informant's own signature <b>W. F. Fullbright</b> (b) Address <b>Marble Hill, Mo.</b>				
17. (a) <b>Burial</b> (Burial, cremation, or removal) (b) Date thereof <b>Mar. 12, 1941</b> (Month) (Day) (Year) (c) Place: burial or cremation <b>Boss Cem.</b>				
18. (a) Signature of funeral director _____ (b) Address _____				
19. (a) <b>4-6-1941</b> (Date received local registry) (b) <b>Mrs. Henry Illers</b> (Registry signature)				

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**