

S. No. 2
-1-4-41
5-17-39
-I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39776

State File No. _____

DEC 16 1941
Registration District No. 896

Primary Registration District No. 4542

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Marshallfield Mo
(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 _____ (Specify whether years, months or days) 79 yrs

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Marshallfield Mo
(If outside city or town limits, write "RURAL")

(d) Street No. West Washington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Francis Seigbe Upshaw

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Armina E Upshaw

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May 10 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 18
If less than one day hr. _____ min. _____

9. Birthplace Webster Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired Farmer

12. Name Essel Upshaw

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

14. Maiden name Elizabeth Wacker

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

16. (a) Informant Mrs Armina Upshaw

(b) Address Marshallfield Mo

17. (a) Burial (b) Date thereof 12/11/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshallfield Mo

18. (a) Signature of funeral director Pex Rainey

(b) Address Marshallfield Mo

19. (a) 12/5/1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 28 day _____
year 1941 hour 4 PM minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 2 1941 to Nov 28 1941;
that I last saw him alive on Nov 28 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate with metastases to pelvic epineph. and abdominal chest.

Due to _____

Due to X-Ray Diagnosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy none

Duration 11 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 C.R. Macdonnell (M. D. or other) _____

Address Marshallfield Mo Date signed 12/2/41

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

12
1
0

720

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1241-1848

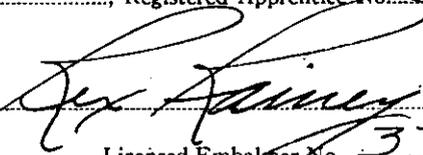
Date Filed DEC 11 1941

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



Licensed Embalmer No. 3312

P. O. Address Worshfield 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, fact should be so stated above.