

FILED FEB 19 1942

Registration District No. **207**

Primary Registration District No. **5405**

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

1. PLACE OF DEATH:

(a) County **Dunklin**
(b) City or town **Hornersville (Rural) Clay Lick**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
(Specify whether **Life**)
In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dunklin**
(c) City or town **Hornersville - Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Canzata upchurch

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **S**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Dec. 15 1941**

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

1 6 hr. min.

9. Birthplace **Dunklin County Missouri**

(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name **Bud upchurch**

13. Birthplace **Silverdale Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Lena Petro**

15. Birthplace **unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bud upchurch**

(b) Address **Hornersville mo**

17. (a) **Burial** (b) Date thereof **1-22-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Silverdale Cemetery**

18. (a) Signature of funeral director **Paul Salmon**

(b) Address **Lebanon mo**

19. (a) **1-22-42** (b) **B. B. Perkins**
(Date registered) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **21**
year **1942** hour **7** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Jan 1**
Jan 1 19 **42** until **Jan 21** 19 **42**
that I last saw him alive on **Jan 19** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death

Pertussis

Duration

21 hr

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **9**

Major findings: Of operations _____

Of autopsy _____

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? **Yes** (Specify type of place) _____
Means of injury? _____

23. Signature **B. B. Perkins** (M. D. or other) _____
Address **Hornersville mo** Date signed **1/22**

1201

RECEIVED

District Health Office, No. 2,

District File Number 242-283

Date Filed 2-17-42

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.....

Body was not embalmed......, 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, fact should be so stated above.