

FILED MAR 20 1942

Registration District No.

Primary Registration District No. 6791

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Upper Douglas, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home, Five miles south of Wellsville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Montgomery
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Five miles south of Wellsville
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31
year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-15-42
to Jan 31-42
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 30 min

Due to _____
Due to _____

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

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 _____ (Specify type of place) _____
Means of injury _____

23. Signature J. B. Byland (M. D. or other) _____
Address Wellsville MO Date signed 2-2-42

3. (a) PRINT FULL NAME EUGENE EDWARD UPDYKE

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 Sullivan Updyke 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Sept 2 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Malcom (City, town, or county) Ind (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General Farm work

12. Name Eduard G. Updyke

13. Birthplace Johns Creek W Penn (City, town, or county) (State or foreign country)

14. Maiden name Anna Syler

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

16. (a) Informant Sullivan Updyke

(b) Address Wellsville MO

17. (a) Wellsville MO (b) Date thereof Feb 4 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville MO

18. (a) Signature of funeral director J. W. Kuhn

(b) Address Wellsville MO

19. (a) February-12-1942 (b) Mrs Virginia Norton
(Date received local registrar) (Registrar's signature)

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

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..... *BB Kline*.....
Licensed Embalmer No..... *3059*.....
P. O. Address..... *Wellsville N*.....

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.