

X32873

Registration District No. 1333

Primary Registration District No. 6285

114
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Norwood
(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 _____)

In this community all his life (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Franklin 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 Martha Upshaw

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

7. Birth date of deceased aug 16 1974
(Month) (Day) (Year)

8. AGE: Years 68 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name John Upshaw

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

14. Maiden name MARGARET GADWELL

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

16. (a) Informant Henry Upshaw

(b) Address mtn Grove MISSOURI

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof MARCH 15, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Den Low, Mo

18. (a) Signature of funeral director James B. ...

(b) Address mtn. Grove Mo.

19. (a) April 12-43 (Date received local registrar)

(b) H. M. Louver (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Douglas 34

(c) City or town NORWOOD 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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 13th
year 1943 hour 3 minute _____ P.M.

21. I hereby certify that I attended the deceased from Nov 13 1943 to March 13 1943
that I last saw her alive on March 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Phlebotomy

Due to _____

Due to _____

Other conditions Pneumonia lobar
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 108

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 J. W. ... (M. D. or other) _____
NORWOOD
Address _____ Date signed April 12 1943

1333

1943

342017

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..... *Russell Barber*

Licensed Embalmer No. *3848*

P. O. Address..... *Inta, Florida*

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.