

42
7-39
K32873

FILED FEB 16 1945

Registration District No. **469-176**

Primary Registration District No. **56315657**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Red Oak Junc**
(c) Name of hospital or institution: **L**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **L**
In this community **all her life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ida Upp**

3. (b) If veteran, name war **L** 3. (c) Social Security No. **L**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Henry H. Upp** 6. (c) Age of husband or wife if alive **24** years

7. Birth date of deceased **2-24-1869**
(Month) (Day) (Year)

8. AGE: Years **74** Months **9** Days **29** If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name **J.T. Guin**

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

14. Maiden name **Anna M. Lemore**

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

16. (a) Informant **Roy Upp**
(b) Address **Milker Mo.**

17. (a) (Burial, cremation, or removal) (b) Date thereof **12-23-43**
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director **Morris Riman**
(b) Address **Milker Mo.**

19. (a) **2-5-1944** (Date received local registrar) (b) **Anna Whiney** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **23**
year **1943** hour **2** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Dec 11-43**
Dec 23 1943 to **1943**
that I last saw him alive on **12-23** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Sugar Diabetes**
Pro- functioning of pancreas

Duration

Due to **61**

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) (e) Means of injury

23. Signature **W. De Brung** (M. D. or other)
Address **Milker Mo.** Date signed **12-30-43**

1182

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

RECEIVED

District Health Officer No. 6,

District File Number 244-206

Date Filed FEB 12 1944

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 *L. R. Lemon*.....

Licensed Embalmer No. 3297.....

P. O. Address *Miller 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.

Registration District No. 176

Primary Registration District No. 5657

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Red Oak Sup
(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)

3. (a) PRINT FULL NAME

Lida Lipp

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 m

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

Feb. 24 1892
(Month) (Day) (Year)

8. AGE:

Years 74 Months 4 Days 20 Unless than one day _____ min.

9. Birthplace

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

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

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

14. Maiden name

15. Birthplace

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

16. (a) Informant

(b) Address

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

(b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar)

(b) Anna Whitney
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

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:

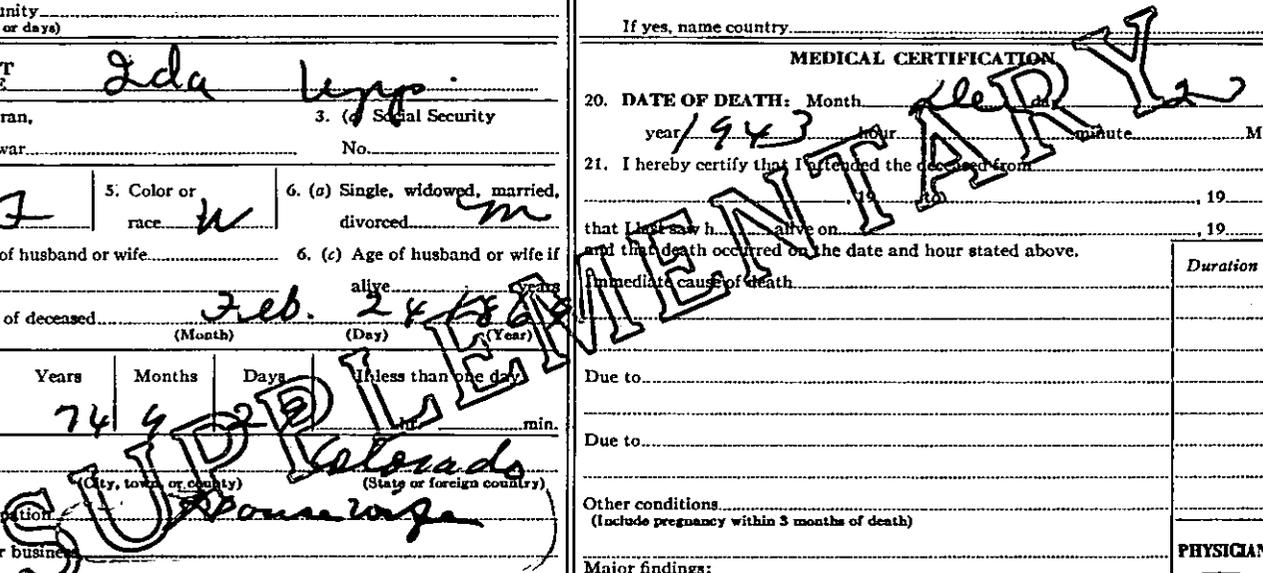
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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



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