No. 2
M—8-43
5-17-39
I X37823

1662

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 15 1946

State File No. 3467

Registration District No. 238 Primary Registration District No. 5821 Registrar's No. 126

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural New Madrid
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Matthews R F D #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid

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

(d) Street No. Matthews Mo R #2
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME DAVE UPSHAW

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race ~~co~~ Negro

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

6. (b) Name of husband or wife Mary Elizabeth

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July (Month) 18 (Day) 1887 (Year)

8. AGE: Years 58 | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business Cotton Farming

FATHER
12. Name Jim Upshaw
13. Birthplace ..... (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name D K
15. Birthplace ..... (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Mary E Upshaw
(b) Address Matthews Mo R #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Welsh Funeral Home
(b) Address Sikeston Mo

19. (a) 1-11-46 (Date received local registrar) (b) Helen Louise Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day Jan
year 1946 hour 4:30 minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h ✓ alive on ✓ 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed skull, both Sup brogen, above ankels

Due to

Due to Auto accident ✓

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

1708
21

Duration

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) Accident 72

(b) Date of occurrence Jan 1 - 1946

(c) Where did injury occur? New Madrid (City or town) (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 61 #
(Specify type of place)

While at work? ..... (e) Means of injury

23. Signature Leo Hedgepeth Coroner (M.D. or other)

Address New Madrid Mo Date signed 1/1-46

216

(Licensed Embalmer's Statement on Reverse Side)

Coll. with Pedestrian.

RECEIVED
District Health Office No. 2,
District File Number 346-234
Date Filed 2-13-46

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.