

S. No. 2
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DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED MAY 16 1946 STANDARD CERTIFICATE OF DEATH

17541

State File No. _____
Registrar's No. 64

Registration District No. 251 Primary Registration District No. 364

1. PLACE OF DEATH: Nodaway
(a) County Nodaway
(b) City or town Maryville
(c) Name of hospital or institution:
309 West 2nd. street /
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution, write street number or location
17 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville /
(If outside city or town limits, write "RURAL")
(d) Street No. 309 West 2nd. / 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jesse May Updike

3. (b) If veteran, no name war _____
3. (c) Social Security No. 491-30-9545

4. Sex male / 5. Color or race white
6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife Elizabeth Updike
6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 4, 1876
(Month) (Day) (Year)

8. AGE: Years 69 (Months 8) Days 18
If less than one day hr. min.

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

10. Usual occupation building Custodian

11. Industry or business _____

12. Name Unknown 9

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

14. Maiden name Elizabeth Carpenter 9

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

16. (a) Informant Mrs. Elizabeth Updike /

(b) Address Maryville, Missouri
burial 4-3-1946

17. (a) (b) Date thereof Tarkio Cemetery
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prairie Funeralhome

18. (a) Signature of funeral director _____
(b) Address Maryville Mo

19. (a) Date of local registrar April 3, 1946
(b) Registrar's signature Bess Holt

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1946 hour 3 minute 5 M.

21. I hereby certify that I attended the deceased from March 15, 1946 to April 1, 1946;
that I last saw him alive on April 1, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral thrombosis 7 day

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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.C. Bauman (M. D. or other) M.D.
Address 151 So. Main Maryville Date signed 4/2/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *W L Gee*

Licensed Embalmer No. *2539*

P. O. Address..... *Maryville*

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.