

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1804 Tarnow Tomlin Nursing Home  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 mo.  
(Specify whether years, months or days)  
 In this community 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wheeler 32  
 (c) City or town Stewartville  
(If outside city or town limits, write "RURAL")  
 Street No. 4  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country .....

3. (a) PRINT FULL NAME HENRY A. UPHOFF

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Betty (Lucy) 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased 10 3 1869  
(Month) (Day) (Year)

8. AGE: Years 49 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation Ret Farmer

MOTHER FATHER { 11. Industry or business

12. Name Fredrick Uphoff 9  
 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Caroline  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Uphoff  
 (b) Address St. Joseph Mo.

17. (a) Burial (b) Date thereof 2 4 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sanity, Mo

18. (a) Signature of funeral director John Funeral Home

(b) Address Stewartsville, Mo

19. (a) 2-2-48 (b) E. K. Jenkins  
(Date received local registrar) (Registrar's signature) 207

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2  
 year 1948 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from Dec 28  
1947 to Feb 2 1948;  
 that I last saw him alive on Feb 2 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 2 week

Due to Arteriosclerotic Heart Disease ?

Due to Arteriosclerosis General ?

Other conditions Generalized hyper-  
trophic Arthritis

Major findings: Of operations

Of autopsy 937

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) Manner of injury \_\_\_\_\_

23. Signature Wm. B. Pugh, M.D.  
 Address 510 Carlyle Bldg Date signed 2-2-48

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 *W. E. Summers*.....

Licensed Embalmer No. *3007*.....

P. O. Address *Stewartsville 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.**