S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5570

Registration District No. 231 Primary Registration District No. 5811 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Rural - Montgomery (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. Montgomery City, Mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 45-50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME William Frederick Hupe
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~~ ()
6. (b) Name of husband or wife ——
6. (c) Age of husband or wife if alive —— years
7. Birth date of deceased February 9 1876 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	10	24	hr. min.

9. Birthplace New Cambria, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation School Teacher
11. Industry or business Past County Supt - of Schools
FATHER
12. Name Frederick Hupe
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Hannah Dubel
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant E. H. F. Hupe
(b) Address Seattle, Wash
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof January 4 1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Montgomery City, Mo.
18. (a) Signature of funeral director Schlanker Mortuary
(b) Address Montgomery City, Mo.
19. (a) 1-12-48 (Date received local registrar) (b) Vivian T. Spires (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 2nd year 1948 hour 4 35 minute P M.
21. I hereby certify that I attended the deceased from June 7, 1938, to Jan. 2, 1948 that I last saw him alive on Jan. 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal obstruction	8 hours
and Hypostatic Pneumonia	8 hours
Due to Parkinsonian's Disease	5½ yrs
Due to Generalized Arteriosclerosis	10 years
Other conditions Prostatism 87C (Include pregnancy within 3 months of death)	6 mo's
+ Glaucoma - left eye	1 year

Major findings: Of operations Hernial injections 5½ years - Some Osteopath
~~Of autopsy~~ His palsy started after this.

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) no
(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? —— (Specify type of place)
While at work? —— (e) Means of injury ——
23. Signature E. J. F. Andersen, M.D. (M. D. or other) M.D.
Address Montgomery City, Mo. Date signed 1/3/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 23 1948
District Health Officer No. 9,
District File Number 9/11/48
Date Filed

MAR 11 1949

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 E. Boone Schlanker

Licensed Embalmer No. 4136

P. O. Address Montgomery City, 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.