S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5706

FILED FEB 17 1948

Registration District No. 273 Primary Registration District No. 5915 Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural (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 In this community 18 Month years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Perry is 79

(c) City or town Rural Mo. (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 .....

3. (a) PRINT FULL NAME Mary E. Upshaw

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife P.W. Upshaw

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

7. Birth date of deceased October (Month) 26 (Day) 1865 (Year)

8. AGE: Years 82 Months 3 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation House Wife

11. Industry or business .....

FATHER
12. Name William A. Rose
13. Birthplace ..... (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Susan C. Gereau
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Mrs. Elezabeth Ritchey

(b) Address Perryville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-1948 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo.

18. (a) Signature of funeral director Youngs Sons

(b) Address Perryville Mo.

19. (a) 2-4-48 (Date received local registrar) (b) Jos J Zellner (Registrar's signature) 250

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febuary day 3 year 1948 hour 1 minute A M

21. I hereby certify that I attended the deceased from Coronar of Perry County, Mo. 19.... to ....., 19....; that I last saw h..... alive on Coronar of Perry County, Mo. ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac Failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

200A

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Natural

(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 2

23. Signature Olli Weidmann (M. D. or other) D.O.

Address Perryville, Mo. Date signed 2/3/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Coronar of Perry County, Mo.

RECEIVED

District Health Officer No. 4

District File Number 248-212

Date Filed 2-16-48

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.