

Registration District No. 117 15 139

Primary Registration District No. 3021

Registrar's No. 103

1. PLACE OF DEATH: JASPER 2
 (a) County
 (b) City or town WEBB CITY
 (c) Name of hospital or institution:
716 N. HALL.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
 years, months or days
 3. (a) PRINT FULL NAME Infant of Elliott W. Cupp
 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 November 18, 1939
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ yr. _____ min.
Stillborn

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER
 12. Name Elliott W. Cupp
 13. Birthplace Jasper, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Desiree Baker
 15. Birthplace Jasper, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elliott Cupp
 (b) Address Webb City, Mo.

17. (a) Burial (b) Date thereof Nov 19 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Walnut Shade Mo.

18. (a) Signature of funeral director Webb City, Ind. Co.
 (b) Address Webb City, Mo.

19. (a) NOV 19 39 (b) J. P. Fitcher M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Webb City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 716 N. Hall
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 18
 year 1939 hour 8 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Nov 18
 1939, to Nov 18, 1939;
 that I last saw XXXXXXX DEAD; NOV 18 39
 and that death occurred on the date and hour stated above.

Immediate cause of death Stillborn
 Due to malformation of head
 Due to unknown
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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) Means of injury 2

23. Signature Ms. Slaughter (M.-D. or other) 40
 Address 206 W Broadway Date signed 11-18-39

Webb City Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2418

Date Filed DEC 5 1939

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 myself,

....., Registered Apprentice No.....
working under my personal supervision.

Signed Blayton M. Johnston

Licensed Embalmer No. 3922

P. O. Address Webb 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, above space should be left blank.