DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28653

Registration District No. 378 | Primary Registration District No. 5526 | Registrar's No. 54

1. PLACE OF DEATH:

(a) County Howard Rad... 7

(b) City or town R.F.D. # 3 Fayette, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 13 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State O Missouri (b) County Howard

(c) City or town R.F.D. # 3 Fayette, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Lewis E. Cupp 100

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie 62 Years

6. (c) Age of husband or wife if alive 62 Yrs.

7. Birth date of deceased July (Month) 5th. (Day) 1875 (Year)

8. AGE: Years 65 | Months 1 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace Chariton County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Cupp
13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha E. Crew
15. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature X Dris Cupp
(b) Address R.F. D. # 3 Fayette, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9/1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Marceline Mo.

18. (a) Signature of funeral director L. J. Mersley
(b) Address Boonville Mo

19. (a) August 8 '40 (Date received local registrar) (b) T. C. Richards (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th. day August ~~####~~ year 1940 hour 11.30 minute A.M. M.

21. I hereby certify that I attended the deceased from April 25, 1940, to August 7, 1940; that I last saw him alive on August 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris, acute — Duration April 25 - Aug. 8

Due to _____

Due to _____ 94 12

Other conditions Schlerosis of coronary artery unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature T. C. Richards (M. D. or other) M.D.
Address Fayette, Missouri Date signed Aug. 8

(Licensed Embalmer's Statement on Reverse Side)

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

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. 8
Issue File Number 940-2273
Date Filed 9-9-40

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 Guy T Halley

Licensed Embalmer No. 2966

P. O. Address Fayette Ala

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.