

REC'D OCT 18 1940

Registration District No. 225

Primary Registration District No. 2458

Registrar's No. 68

1. PLACE OF BIRTH:

(a) County Greene
(b) City or town Willard, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution R. 275 # 1 Care Jun
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Willard Mo. R. 1
(If outside city or town limits, write "RURAL")
(d) Street No. Rural - R 275 # 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1940 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him dead alive on July 5, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Duration _____

Due to _____
Due to Senility
Other conditions (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? _____

295
While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature R. M. White (M. D. or other) 5
Address Cowles Greene County Date signed 7/6/40

3. (a) PRINT FULL NAME Asa Elliott Tupper
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hellie Grace Kern 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 26 - 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Merchant

11. Industry or business Merchant of Jewels, Mo

12. Name Allen B Tupper

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Hannett Warren

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lora Ragans

(b) Address Willard Mo R. 1

17. (a) Burial (b) Date thereof July 7 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosedell Cemetery

18. (a) Signature of funeral director Steve A. Borin

(b) Address Willard, Mo

19. (a) July - 6 1940 (b) Estia B. McClure
(Date received local registrar) (Registrar's signature)

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

RECEIVED

Greene County Health Office,

County File Number 40-10-77

Date Filed 10/10/48

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

James B. ...

Licensed Embalmer No. 2664

P. O. Address Wentworth ...

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.