

FILED MAR 3 1948
Registration District No. 1248

Primary Registration District No. 2009

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
625 N. Spanish St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME Ethel Acup

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 21 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 29 hr. min.

9. Birthplace Cape Girardeau Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Arvel Acup
13. Birthplace Marquand Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Florence Cook
15. Birthplace Malden Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Arvel Acup
(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof Jan. 21 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmount Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 1-22-42 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 625 N. Spanish St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION - - 5518 JMD

20. DATE OF DEATH: Month January day 20
year 1942 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from 1-2 to 1-20, 1942
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

PERITONITIS
Due to Ectopy of
Due to Blood

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 157h
Of autopsy _____

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)
(c) Mode of injury _____

23. Signature [Signature] (M. D. or other) JMD
Address Cape Girardeau Date signed 1/21/42

RECEIVED

District Health Officer No. 4
District File Number 242-167
Date Filed 2-18-42

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, ^{not} ~~or by~~
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Carl G. Smith

Licensed Embalmer No. 2676

P. O. Address

Cape Girardeau, 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.