S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15406

FILED MAY 21 1942

Registration District No. 1713 — Primary Registration District No. 6018A — Registrar's No. 40

1. PLACE OF DEATH:

(a) County: St. Francois

(b) City or town: (near) Farmington, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francois Twp
State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 1 yr, 4 mos, 19 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: City 94

(c) City or town: St. Louis 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 735 A. Bayard 0
(If rural, give location)

(e) Citizen of foreign country? ..... 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Ruby Lupton

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

3. (c) Social Security No.: None

4. Sex: F. 1

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife: G[illegible]on

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

7. Birth date of deceased: June (Month) 30 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	8	23	..... hr. ..... min.

9. Birthplace: Canton (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation: Stenographer

11. Industry or business .....

FATHER
12. Name: Morgan Elmer Lupton
13. Birthplace: Cincinnati (City, town, or county) / Ohio (State or foreign country)

MOTHER
14. Maiden name: Alice Jane Vaughn
15. Birthplace: Canton (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant: Records of State Hospital No. 4
(b) Address: Farmington, Missori

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation: State Hospital No. 4

18. (a) Signature of funeral director: Richardson Funeral Home
(b) Address: Farmington Mo.

19. (a) 4-14-42 (Date received local registrar) (b) Byrdie S. Bohannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1942 hour 7:15 minute a.m.

21. I hereby certify that I attended the deceased from November 4th, 1940, to March 23rd, 1942 that I last saw her alive on March 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhages (paralyzed since 1933) — Duration: last ~~3/22/42~~ ~~sudden death~~

Due to: Arteriosclerosis, generalized ~~marked~~

Due to: .....

Other conditions: Psychosis with Cerebral Arteriosclerosis — 9 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations
Of autopsy: no 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: 0

23. Signature: C. C. Quat (~~M. D. or other~~) M.D.
Address: Farmington, Missouri Date signed: 4/6/42

1194 (Licensed Embalmer's Statement on Reverse Side)

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

94
00
0

110

SEP 27 1945

REGISTERED
District Health Officer No. 4
District File Number 542-572
Date Filed 9-13-45

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~~ and by Sam Najim, Jr., Registered Apprentice No. 312, working under my personal supervision.

Signed Chas Richardson

Licensed Embalmer No. 3167

P. O. Address Hanover

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.