

FILED MAR 31 1943 4

Registration District No.

Primary Registration District No. 5738 4315

Registrar's No.

61
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Macon
(b) City or town La Plata
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
L 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 67 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County macon
(c) City or town Zabala
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? F (Yes or No)
If yes, name country L

3. (a) PRINT FULL NAME

Lottie May Gupstoe

3. (b) If veteran, name war L

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife J. B. Gupstoe

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 20 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 18 If less than one day .hr. min.

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

10. Usual occupation House keeper

11. Industry or business

MOTHER FATHER

12. Name Edward E. Enteraline

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

14. Maiden name Elizabeth Shrope

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

16. (a) Informant Mrs. Eddie Gupstoe

(b) Address Zabala Mo

17. (a) Burial (b) Date thereof Mar 10-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zabala

18. (a) Signature of funeral director D. S. Christie

(b) Address Zabala Mo

19. (a) Mar. 10-1943 (b) Lulu M. Peter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8
year 1943 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec 15, 1942, to Mar 8, 1943, that I last saw him alive on Mar 7, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 131a

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?

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

23. Signature E. H. Sweeney (M. D. or other)
Address La Plata Mo Date signed 3-8-43

1339

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 D. S. Christie
Licensed Embalmer No. 1109
P. O. Address La Plata 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.