

S. No. 2  
M-2-43  
5-17-39  
1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 13 1944

Registration District No. 196

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

7397  
State File No. \_\_\_\_\_  
Registrar's No. 105

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

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution Joplin General  
(d) Length of stay: In hospital or institution Entered 7:30pm 2/18  
In this community 1.5 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Rt 2  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME Ethel Fay Cupp  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex F  
5. Color or race W  
6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife Harold  
6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased Sept 26 1913

8. AGE: Years 30 Months 4 Days 24  
If less than one day hr. min.

9. Birthplace Onea 1  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Housewife

12. Name Ben Rhans

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

14. Maiden name Cora Weaver

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

16. (a) Informant Harold Cupp

(b) Address Rt 2 - Joplin

17. (a) Burial (b) Date thereof 2-21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) 2-21-44 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19th  
year 1944 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Feb 18th 1944 to Feb 19th 1944  
that I last saw her alive on Feb 19th 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure

Due to Tubercular mediastinitis

Due to Pulmonary tuberculosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
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)  
(e) Means of injury \_\_\_\_\_

23. Signature: Faith A. Winkle (M.D. or other) \_\_\_\_\_  
Address General Hosp. Joplin Mo. Date signed 2/21/44

Duration 12 hrs.  
Unknown  
Unknown  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

44-8-169

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..... *Cent a Hamble* .....

Licensed Embalmer No. *3590* .....

P. O. Address..... *Joplin, 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.