

FILED MAY 12 1944

Registration District No. 42

Primary Registration District No. 3007

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lois Marie Hupp

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 Dec. 8 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 4 7 hr. _____ min.

9. Birthplace Stoddard Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Elmer Hupp
13. Birthplace Stoddard Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Gia May Anderspn
15. Birthplace Conway Co., Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Hupp,
(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 4-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taylor Cem.

18. (a) Signature of funeral director Blankenship-Strickland

(b) Address Dexter, Mo.

19. (a) 4-19-44 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1944 hour 4:15 minute _____ p. M.

21. I hereby certify that I attended the deceased from 4-13, 1944, to 4-15, 1944
that I last saw her alive on 4-15, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Burns, 1st, 2nd + 3rd degree of arms, shoulders, + face.
Due to _____

Due to Burning of home.

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) Accident.
(b) Date of occurrence 4-13-44
(c) Where did injury occur? Poplar Bluff Butler, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home.

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

23. Signature J. W. Foyda (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 4-18-44

Duration
2 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 544-684

Date Filed 5-11-74

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.....

Licensed Embalmer No.....

P. O. Address.....

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.