

FILED NOV 8 1944

Registration District No.

Primary Registration District No. 4148

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Otterville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 64 years
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27
(c) City or town Otterville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? .. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martha Joanna 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 Widowed

6. (b) Name of husband or wife John Harrison Hupp 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 10 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 9 12 hr. min.

9. Birthplace New Hope, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name William T. Gill
13. Birthplace Petersburg, Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Antonio Lloyd
15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Watts

(b) Address Otterville, Mo.

17. (a) Burial (b) Date thereof 10-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Otterville, Mo.

18. (a) Signature of funeral director L. E. Parker

(b) Address Otterville, Mo.

19. (a) Oct 27-1944 (b) Miss W. R. Parker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1944 hour 12 minute 50 a.m.

21. I hereby certify that I attended the deceased from May 1944
and that death occurred on the date and hour stated above. Oct 21 1944

Immediate cause of death Chronic Myocarditis

Due to Hypertension

Due to 930

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

9 Mts.

etc.

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 Robert F. Fogle (M. D. or other) 0
Address Otterville Mo Date signed 10/27

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

27
0
0

1089

44

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 11-7-ff

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 L. F. Parker

Licensed Embalmer No..... 3840

P. O. Address..... Otterville, 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.