V. S. No. 2
00M—2-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1945

State File No. 17060

Registration District No. 137 — Primary Registration District No. 4-2123 5508 — Registrar's No. 75

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

12 C C

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Montrose Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / Deepwater Twp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ______ (Specify whether
In this community 16 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Henry 42
(c) City or town Deepwater twpt 0 (If outside city or town limits, write "RURAL") 0
(d) Street No. ______ (If rural, give location) 0
(e) Citizen of foreign country? ______ (Yes or No)
If yes, name country ______

3. (a) PRINT FULL NAME CLARA BARBARA KUPKA
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 married
6. (b) Name of husband or wife Clara Barbara Kupka
6. (c) Age of husband or ~~wife~~ if alive 60 years
7. Birth date of deceased October (Month) 16 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	5	6	___ hr. ___ min.

9. Birthplace Iowa City, (City, town, or county) Iowa (State or ~~foreign country~~)
10. Usual occupation Housewife
11. Industry or business ______

FATHER
12. Name Michel Sybil
13. Birthplace Czechoslavakia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Kerf
15. Birthplace Czechoslavakia (City, town, or county) (State or foreign country)

16. (a) Informant V. Kupka
(b) Address Montrose, MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 25 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Appleton City MO
18. (a) Signature of funeral director Frank Hel
(b) Address Appleton City MO
19. (a) April 1st (Date received local registrar) (b) Myrtle Brownlee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 22 year 1945 hour 3 minute 45 a.M.

21. I hereby certify that I attended the deceased from March 1, 1944 to Mar 22, 1945 that I last saw h er alive on March 21, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure with mitral decompensation	
~~Due to~~ Broncho pneumonia	
Due to ______	
Other conditions ______ (Include pregnancy within 3 months of death)	
Major findings: Of operations ______ 95c	
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? 0 (Specify type of place)
While at work? ______ (e) Means of injury ______

23. Signature R L Hansen (M. D. or other) MD
Address Appleton City Mo Date signed 3-26-45

1391

(Licensed Embalmer's Statement on Reverse Side)

REC[illegible]
Dist.
Dist.
Date Filed

ficer No. 7,
445-451
5-15-45

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 by [illegible]
on the 12 day of May 1945, Registered Apprentice No. ,
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.