S. No. 2
OM—5-43
v. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26226

Registration District No. 24 Primary Registration District No. 4035 Registrar's No.

1. PLACE OF DEATH:
(a) County: Bates
(b) City or town: Rockville Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1 week

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 48
(c) City or town: Sugar Creek Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 11216 Morrell 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Robert Eugene Hupman JR.
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: male 1
5. Color or race: W
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: August 6 1943 (Month) (Day) (Year)

8. AGE: Years 3 Months 0 Days 25 If less than one day hr. min.

9. Birthplace: Kansas City Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation: infant
11. Industry or business:
MOTHER FATHER
12. Name: Robert Eugene Hupman Sr.
13. Birthplace: Kansas City Mo. (City, town, or county) (State or foreign country) 0
14. Maiden name: Phillis E VanKirk
15. Birthplace: Kansas (City, town, or county) (State or foreign country) 1
16. (a) Informant: Phillis Hupman
(b) Address: Sugar Creek Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sep 4-46 (Month) (Day) (Year)
(c) Place: burial or cremation: MEMORIAL PARK
18. (a) Signature of funeral director: Geo. Carson Funeral Home
(b) Address: Independence Missouri
19. (a) Sept. 1, 1946 (Date received local registrar) (b) Mrs. Wilbert Steiner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1946 hour 8 minute 30 AM M.
21. I hereby certify that I attended the deceased from , 19, to , 19, that I last saw him alive on , 19, and that death occurred on the date and hour stated above.

Immediate cause of death: Accidental Drowning
Due to: having fallen in cistern
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: no

Duration

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): accident 7
(b) Date of occurrence: August 31 1946
(c) Where did injury occur? Rockville Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home of Dede Dallas (Specify type of place)
(e) While at work? (f) Means of injury: 3
23. Signature: John G Underwood (M. D. or other) Coroner
Address: Butler Missouri Date signed 8/31 46

20

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-46-934
Date Filed 9-10-46

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 R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.