

FILED JAN 20 1947  
Registration District No. 345

Primary Registration District No. 3439

Registrar's No. 105

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

1. PLACE OF DEATH:

(a) County Missouri

(b) City or town Marceline  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(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 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Monroe 58

(c) City or town Marceline 2  
(If outside city or town limits, write "RURAL")

(d) Street No. W. Santa Fe 1  
(If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jomesia Alice Cupp

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10  
year 1947 hour 5 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from June 19, 1946, to Jan 10, 1947;

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife David G Cupp 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 8 1946  
(Month) (Day) (Year)

that I last saw her alive on Jan 7, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: coronary occlusion

Duration \_\_\_\_\_

8. AGE: Years 76 Months 1 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Chariton Co mo  
(City, town, or county) (State or foreign country)

Other conditions essential hypertension  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations G4A

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name James A Dornell

13. Birthplace Chariton Co mo  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Compton

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

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?

16. (a) Informant Mrs. Hurley Raw

(b) Address Marceline mo

17. (a) Burial (b) Date thereof Jan 13 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Olive

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Philip P. Ottman (M. D. or other) M.D.

Address Marceline, mo Date signed Jan 13 '47

18. (a) Signature of funeral director James M. Langley

(b) Address Marceline mo

19. (a) 1-13-47 (b) J. Shelton  
(Date received local registrar) (Registrar's signature)

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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..... *Dale Bunch* .....  
Licensed Embalmer No. *4088* .....  
P. O. Address *Marceline 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.**