

Registration District No. 374

Primary Registration District No. 6272

Registrar's No. 81

1. PLACE OF DEATH:

(a) County North
(b) City or town Rural
(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 _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County North
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Grant City, MO.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANCIS CUPITT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife John Cupitt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 2 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Oxford, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown, Smallwood

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mable Bell

(b) Address Grant City, MO.

17. (a) Burial (b) Date thereof 6-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves Cemetery

18. (a) Signature of funeral director W. C. Dwyer

(b) Address Grant City, MO.

19. (a) June 9 47 (b) Leta E. Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1947 hour 6 minute 30 P.M.

21: I hereby certify that I attended the deceased from 28 May 1947 to 1 June 1947; that I last saw him alive on 31 May 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Exsanguination Duration 3 da

Due to Arteriosclerotic Hardening of Vascular Process 2 yrs

Due to Acute Bronchitis 1 wk

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 131A

Of autopsy _____

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) (Specify type of place) (Specify type of place)

(g) Means of injury 0

23. Signature Frank B. Gattis (M.D. or D.O.)

Address Grant City, MO. Date signed June 9 47

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *Arch C. Dumble*.....
Licensed Embalmer No. *3252*.....
P. O. Address..... *Grant 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.