

JAN 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42561
Do not use this space.

1. PLACE OF DEATH

(a) County Cambden Registration District No. 275
 (b) Township Quincy Primary Registration District No. 5170B Registered No. _____
 (c) City Stoutland (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nancy Dupesch

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Dupesch
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1864
 7. AGE YEARS 74 MONTHS 7 DAYS _____
 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Stoutland (STATE OR COUNTRY) Mo

FATHER
 13. NAME Jake Davis

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) ?

MOTHER
 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) ✓ (STATE OR COUNTRY) ?

17. INFORMANT George Dupesch (ADDRESS) Stoutland

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillhouse Cemetery DATE Dec 13, 1938

19. FUNERAL DIRECTOR Virgil Evans (ADDRESS) Stoutland Mo

20. FILED Dec 14, 1938 M. M. Pool Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec-5, 1938 to Dec-12, 1938
 I last saw her alive on Dec-12, 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Bobacidal Pneumonia
109^W
 Other contributory causes of importance: Malnutrition

Name of operation Nancy Dupesch Date of _____
 What test confirmed diagnosis? pectoral Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ✓ Date of injury ✓, 19____
 Where did injury occur? ✓ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) C. E. Cantor, M. D.
 (Address) Stoutland Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 71

District File Number 7-39-75

Date Filed 1-11-39

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)