

No. 2
11-10-39
1-17-39
I X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21929

State File No. _____

Registration District No. 400

Primary Registration District No. 5553B

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Jackson Prairie Twp
(b) City or town Little Blue
(c) Name of hospital or institution: Jackson County Hospital
(d) Length of stay: In hospital or institution 3 days
In this community 3 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Campbell Ohio
(d) Street No. 304-15th St.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Ralph Patsy Zupp

3. (b) If veteran, name war None 3. (c) Social Security No. 499-18-2857

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lucille Zupp 6. (c) Age of husband or wife if alive 16 years
7. Birth date of deceased March 28 1916
(Month) (Day) (Year)

8. AGE: Years 24 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Campbell Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation steel worker

11. Industry or business Republic Iron & Steel

MOTHER FATHER
12. Name Guy Zupp
13. Birthplace W. Va. Italy
14. Maiden name Ann Decisto
15. Birthplace W. Va. Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Guy Zupp

(b) Address 23 W. Belmont, Youngstown, Ohio

17. (a) removal (b) Date thereof 6-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Youngstown, Ohio

18. (a) Signature of funeral director Edgar C. Carson

(b) Address Independence Mo

19. (a) 6-14-40 (b) Edgar C. Carson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month June day 10
year 1940 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from 1937 to 1939
that I last saw him alive on 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Spading of the skull
and 4 hemorrhages of brain.

Due to Autobomb Trauma

Due to _____
Other conditions (include pregnancy within 3 months of death) 8 10 11 12

Major findings: Of operations _____
Of autopsy abn

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 6-7-40

(c) Where did injury occur? Rockers
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
932 High (Specify type of place) Stables and
While at work (e) Means of injury

23. Signature Russell (M. D. or other) 5
Address Car Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

John W. Smith

Licensed Embalmer No.

3467

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, above space should be left blank.