

Registration District No. 18457

Primary Registration District No. 4241

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Cartersville
(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 64 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Cartersville
(If outside city or town limits, write "RURAL")
(d) Street No. 321 E. Daugherty
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert G. Cripps

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

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

6. (b) Name of husband or wife Martha Cripps 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July 7, 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Mine Supt.

11. Industry or business Mines

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown Unknown

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

16. (a) Informant Martha Cripps (widow)

(b) Address Cartersville, Missouri

17. (a) Burial (b) Date thereof 11/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cartersville Cemetery

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Missouri

19. (a) Nov. 22-1941 (b) J. W. Clark
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 18
year 1941 hour 5 minute 25 P. A. M.

21. I hereby certify that I attended the deceased from 10-15-41
19____ to _____ 19____;
that I last saw him alive on 10-15-41 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Enlarged Prostate Duration 7 days
B.O. 3 months

Due to _____

Due to _____

Other conditions Enlarged Prostate
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____

Of autopsy _____
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) _____

(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) (e) Means of injury _____

23. Signature J. W. Clark (M. D. or other) _____

Address Webb City Date signed 11/24/41

41-12-966

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.....

E. W. Hedger

Licensed Embalmer No.

285-9

P. O. Address.....

Webb, Detroit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 407

Primary Registration District No. 4241

Registrar's No. _____

1. PLACE OF DEATH

(a) County Jasper

(b) City or town Catharville
(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 _____

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL.")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Albert Y. Cupps

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1941 Month Nov Day 8
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex M. 5. Color W. 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 7, 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days _____
If less than one day _____ hr. _____ min.

Due to Chronic Septicemia

Due to Enlarged Prostate

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

Major findings:
Of operations _____

Of autopsy _____

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature B A Drenth (M. D. or other) _____
Address 1224 N. 2nd St. Warrenton, Ore. signed B A Drenth

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

SUPPLEMENTARY

S-38463