

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.

Registration District No. **477**

Primary Registration District No. **4296**

Registrar's No. **51**

1. PLACE OF DEATH:

(a) County **Lewis**
 (b) City or town **Lewistown**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
At Home Lewistown Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community **Life** years, months or days **2** (Specify whether)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis**
 (c) City or town **Lewistown**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Bertha Edda Shoup.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

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

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

7. Birth date of deceased **November 10, 1886**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	10	22	hr. _____ min.

9. Birthplace **Talona Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **James Alex Redifer**

13. Birthplace **M Lewistown, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Wright**

15. Birthplace **Monticello, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Miss Virginia Shoup**
 (b) Address **Lewistown, Missouri**

17. (a) **Burial** (b) Date thereof **Oct. 4, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lewistown, Missouri**

18. (a) Signature of funeral director **James Redifer**
 (b) Address **Lewistown, Missouri**

19. (a) **Oct 7 1940** (b) **P. W. Jennings**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **2**
 year **1940** hour **10** minute **10** P.M.

21. I hereby certify that I attended the deceased from **April 24,**
 1940 to **October 2,** 1940;
 that I last saw her alive on **October 2, 1940**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary of the levels** **ggs**

Due to _____

Due to **46**

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

Major findings: **General Coronary**

Of operations _____
 Of autopsy **110**

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) _____
(a) Means of injury

23. Signature **Cherry P. P. ...** or other **DR**
 Address **Lewistown Mo.** Date signed **Oct 9**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.....

Licensed Embalmer No.....

P. O. Address.....

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.