

FILLED NOV 17 1941

Registration District No. **429**

Primary Registration District No. **4255**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County **Johnson**

(b) City or town **Knob Noster** *Mo.*

(c) Name of hospital or institution:

(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution

In this community **9 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson** ⁰⁵¹

(c) City or town **Rural** (If outside city or town limits, write "RURAL")

(d) Street No. **Washington Township** (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country **U.S.A.**

3. (a) PRINT FULL NAME **W. Frank Shoup**

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **19** year **1941** hour **8:00** minute M.

21. I hereby certify that I attended the deceased from **Feb. 1** 19**41** to **Oct 19** 19**41**

that I last saw him alive on **Oct 19** 19**41** and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (c) Age of husband or wife if alive **16** years **1859** (Year)

7. Birth date of deceased **June** (Month) **16** (Day) **1859** (Year)

Immediate cause of death **Coronary myocarditis**

Due to

Due to

8. AGE: Years **82** Months **4** Days **3** If less than one day **hr. min.**

9. Birthplace **Buda** | **Illinois** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Thomas Shoup**

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

14. Maiden name **Margaret M. Stinson**

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

16. (a) Informant **Mrs. Ida Shoup**

(b) Address **Knob Noster, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 21 1941** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Knob Noster City, Burial**

18. (a) Signature of funeral director **C. P. Daulton**

(b) Address **Knob Noster, Mo.**

19. (a) **Oct 21 1941** **Mrs. C.E. Foster** (Date received local registrar) (Registrar's signature)

Other conditions **End arteritis Coronary**
Include pregnancy within 3 months of (date)
Other nephritis of 2-yr. duration

PHYSICIAN

Major findings: **1318**

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 **Oct 19 1941**

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) **Home** (c) Means of injury **Heart**

While at work

23. Signature **H. W. Hovey** (M. D. or other **MD**)

Address **Knob Noster, Mo.** Date signed **Oct 21**

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

MOTHER FATHER

