

FILED FEB 20 1942

Registration District No. 277 480

Primary Registration District No. 4289

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town La Grange, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 5 Years and 2 Months
years, months or days

3. (a) PRINT FULL NAME Georgia Ann Shoup

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Charles W. Shoup 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 8th, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 0 7 _____ hr. _____ min

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Jesse Workman
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Stoker
15. Birthplace Hardin County, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Fannie Rice
(b) Address La Grange, Mo.

17. (a) Burial (b) Date thereof Jan. 16/1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation La Grange, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address La Grange, Missouri

19. (a) 1-16-42 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town La Grange, Mo.
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
year 1942 hour 5 P minute 30 A.M.

21. I hereby certify that I attended the deceased from January 14, 1942 to January 15, 1942
that I last saw her alive on January 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 2 days

Due to Senility
Due to arteriosclerosis years

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

Major findings: Of operations [Signature]
Of autopsy _____

PHYSICIAN

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 [Signature]
23. Signature W. B. Dodson (M. D. or other) D.O.
Address La Grange, Mo. Date signed [Signature]

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

6
2
0

RECEIVED

District Health Officer No. 10

District File Number 2-42-293

Date Filed FEB 19 1942

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.....

A. A. Roberts

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1626

P. O. Address La Grange, 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, fact should be so stated above.