

FILED NOV 20 1944

Primary Registration District No. 4331

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau Co.

(b) City or town Jamestown, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jamestown, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

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

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

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

3. (a) PRINT FULL NAME Dora Lee Schlup

(b) If veteran, name war No

(c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19
year 1944 hour 6/10 minute P.M.

21. I hereby certify that I attended the deceased from Jan 2, 1944
to Oct 19, 1944

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John J. Schlup

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 28 1885
(Month) (Day) (Year)

that I last saw h. alive on Oct 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Duration 2 days

8. AGE: Years Months Days If less than one day

59 6 21 hr. min.

Due to Mitral insufficiency 4 years

Due to

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

10. Usual occupation House Wife

Other conditions (Include pregnancy within 3 months of death)

Major findings: 92 lb

11. Industry or business

12. Name J. I. Dearing

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

14. Maiden name Eliza McDaniel

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant John J. Schlup

(b) Address Jamestown, Mo.

17. (a) Burial (b) Date thereof Oct. 22, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemt. California

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?

(Specify type of place)

While at work? (e) Means of injury

18. (a) Signature of funeral director Paulin F. Howe

(b) Address California, Mo.

19. (a) Oct 20, 1944 (b) Walter Lentzsch
(Date received local register) (Registrar's signature)

23. Signature J. P. Burke Jr (M. D. or other)

Address California, Mo. Date signed 10/20

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

NOV 1 1949

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-15-49

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 Mr.
....., Registered Apprentice No.....
working under my personal supervision.

Signed James R. Boudin

Licensed Embalmer No. 2126

P. O. Address California, 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.