S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13737

Registration District No. 166 Primary Registration District No. 4254 Registrar's No. 7

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Knok Noster
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Knob Noster 51
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Ida W. Shoup
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 18 - 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	9	9	hr. min.

9. Birthplace Johson Co Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Dan ial M. Wyrick
13. Birthplace Tenn. 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Swrelda Messer smith
15. Birthplace Cole Co. Mo D (City, town, or county) (State or foreign country)
16. (a) Informant J.W. Sibert
(b) Address Knob Noster Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4- 29-45 (Month) (Day) (Year)
(c) Place: burial or cremation Knob Noster Mo.
18. (a) Signature of funeral director B.F. Parker
(b) Address La Monte Mo.
19. (a) Apr. 28. 1945 (Date received local registrar) (b) Mrs. C. L. Saults (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1945 hour 11:00 minute A.M.
21. I hereby certify that I attended the deceased from April 27, 1945 to April 27, 1945 that I last saw her alive on April 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cher Valvular Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work (e) Means of injury
23. Signature G.W. Grove (M.D. or other) MD
Address Knob Noster Mo Date signed April 28 45

1346 (Licensed Embalmer's Statement on Reverse Side)

JAN 29 1946

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 B. F. Parker, Registered Apprentice No. ....., working under my personal supervision.

Signed B. F. Parker

Licensed Embalmer No. 1593

P. O. Address La Monte, M

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.