

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 18 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 1

Primary Registration District No. 5000

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville--Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Kirkville, Mo. R. R. #6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. R. R. #6
(If rural, give location)

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

3. (a) PRINT FULL NAME William Wesley Shupp

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

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

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

7. Birth date of deceased: Sept. 16 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>9</u>	<u>8</u>	hr. _____ min.

9. Birthplace Marshall Co., Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Christopher Shupp

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

14. Maiden name Susan Fraeclik

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

16. (a) Informant Mrs. Iva Cornell

(b) Address Kirkville, Mo

17. (a) Burial (b) Date thereof 6/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mulberry Cmt.

18. (a) Signature of funeral director DeRiley

(b) Address Kirkville, Missouri

19. (a) 7-9-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1946 hour 5:00 minute A M.

21. I hereby certify that I attended the deceased from May 17 1946 to June 20 1946
that I last saw him alive on June 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Serulitis myocarditis
Due to Hypertension

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

Major findings: _____
Of operations _____
Of autopsy 432

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 0 mo

23. Signature Rostickler (M. D. or other) mo
Address Kirkville mo Date signed 6-24-46

Duration

5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

21432

~~7-46-1396~~
~~7-46-1396~~

RECEIVED

District Health Officer No. 10

District File Number 7-46-1396

Date Filed JUL 16 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.....

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

Signed D. E. Riley.....

Licensed Embalmer No. 4181.....

P. O. Address Rockville Md.....

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.