

S. No. 2
M-5-43
v. 5-17-39
p. 1 X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 28 1946
42

State File No. **32823**
Registrar's No. **1199**

Registration District No. _____ Primary Registration District No. **1000**

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(c) Name of hospital or institution: **Modern Lunch 3 6th. & Charles St.**
(d) Length of stay: In hospital or institution **50 Years**
In this community **50 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **3209 Harrison St.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **William Shoup**
(b) If veteran, name war **None**
(c) Social Security No. **Not Sealed**

4. Sex **Male** 5. Color or race **White**
6. (b) Name of husband or wife **None**
6. (c) Age of husband or wife if alive *** years**
7. Birth date of deceased **March 18 1883**

8. AGE: Years **63** Months **6** Days **23**
If less than one day _____ hr. _____ min.

9. Birthplace **Howard County Nebraska**

10. Usual occupation **Retired Salesman**

11. Industry or business **Katz Drug Co.**

12. Name **John Luther Shoup**
13. Birthplace **Unknown Illinois**
14. Maiden name **Irene Rouse**
15. Birthplace **Unknown Illinois**

16. (a) Informant **Mr. Roy Shoup**
(b) Address **St. Francis Hotel**

17. (a) **Burial** (b) Date thereof **Oct. 15, 1946**
(c) Place: burial or cremation **Ashland Cemetery**

18. (a) Signature of funeral director **Herwan W. S. S. S.**
(b) Address **1802 Union St. St. Joseph, Mo.**

19. (a) **Oct. 25, 1946** (b) **A. J. Northrup**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **11**
year **1946** hour **6** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Oct 11th 46** to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature **B. W. Tadlock** **Coroner**
(M. D. or other) _____
Address **King Hill Bldg** Date signed **10/11/46**

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

31662

34

(Licensed Emballer's Statement on Reverse Side)

St. Joseph, Mo. **11/2**

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

Elmer Thomas

Licensed Embalmer No.

2640

P. O. Address

St. Joseph 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.