

FILED FEB 20 1947
Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **37**

1. PLACE OF DEATH

(a) County **Pettis**

(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1617 W. 20th none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **36 yrs**
(Specify whether years, months or days)

In this community **36 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**

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

(d) Street No. **20th + Summit**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **none**

3. (a) PRINT FULL NAME **JOSEPH SYLVANUS-SCHUPP**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **30** year **1947** hour **3** minute **40** M.

3. (b) If veteran, name war **no**

3. (c) Social Security No. **500-10-5724**

21. I hereby certify that I attended the deceased from **1-29-1947** to **1-30-1947** at **3:45 P.M.** and that death occurred on the date and hour stated above.

4. Sex **Mo** 5. Color or race **W** 6. (a) Single **Widowed**, married, divorced

that I last saw him alive on **1-30** and that death occurred on the date and hour stated above.

Immediate cause of death **Angina pectoris**

Duration **1 day**

6. (b) Name of husband or wife **Ella Schupp** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **March 14-1880**
(Month) (Day) (Year)

8. AGE: **66** Years **10** Months **16** Days **16** min.

Due to

Due to

9. Birthplace **Pleasant Green Mo**
(City, town or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

10. Usual occupation **Farmer**

11. Industry or business **League**

12. Name **John Schupp**

13. Birthplace **Pilot Grove Mo**
(City, town or county) (State or foreign country)

14. Maiden name **House**

15. Birthplace **unknown Ohio**
(City, town or county) (State or foreign country)

16. (a) Informant **Don Schupp**

(b) Address **Pleasant Green**

17. (a) **Burial** (b) Date thereof **2-2-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pilot Grove Mo**

18. (a) Signature of funeral director **James J. Winter**

(b) Address **Pilot Grove Mo**

19. (a) **1-30-47** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

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 **W. E. Kess M.D.** (M. D. or other)
Address **Sedalia Mo.** Date signed **1-30-1947**

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

50
6
4

MOTHER FATHER

257

RECEIVED

District Health Officer No. 8,

District File

Date Filed

2-15-47

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

Myself

working under my personal supervision.

Registered Apprentice No.

Signed

Newton E. Hays

Licensed Embalmer No.

3074

P. O. Address

Pilot Grove 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.