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00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10026

FILED APR 9 1947

Registration District No. 2 1947 Primary Registration District No. 5779 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Miller-

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

(c) Name of hospital or institution:
9 mi. S.-W- Eldon
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66

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

(d) Street No. 9- mi. S. W. Eldon
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country — non

3. (a) PRINT FULL NAME Mary-Eliza-Schupp

3. (b) If veteran, name war no

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) ~~Single~~ widowed, ~~married~~, ~~divorced~~ Widowed

6. (b) Name of husband or wife John- Schupp

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

7. Birth date of deceased June (Month) 28 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
67	9	0	— hr. — min.

9. Birthplace Moniteau- Co- Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business Home

FATHER
12. Name John- Bowlin
13. Birthplace unknown Ky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary-Ann-Vaughn
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Guss Schupp
(b) Address Rocky- Mount- Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Dooley- Cem-

18. (a) Signature of funeral director Keith M Kays
(b) Address Eldon Mo

19. (a) 3-29-47 (Date received local registrar) (b) Alvinetta Waltz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1947 hour 9 minute 05 P M.

21. I hereby certify that I attended the deceased from 2 8 - 13 - 1945 to Mar 28 1947
that I last saw her alive on March 24 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial sclerosis - hypertension unknown + cerebral hemorrhage

Due to Cerebral Hemorrhage — 7 days

Due to Diabetes — 10 yrs

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.

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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 0

23. Signature A J Gunn (M. D. ~~or other~~)

Address Versailles- Mo Date signed 3/29/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-8-47

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~~.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Keith M. Kayser

Licensed Embalmer No. 3998

P. O. Address Eldon 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.