

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 55

1. PLACE OF DEATH:
(a) County Camden
(b) City or town Caruthersville
(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 49 years. years, months or days

3. (a) PRINT FULL NAME Lawrence E. Shupp
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased Jan 10 1866 (Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 27 If less than one day _____ hr _____ min.

9. Birthplace Caru. Ill (City, town, or county) (State or foreign country)

10. Usual occupation Civil Engineer

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Shupp 4
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Marion M. Miller
15. Birthplace Birmingham England (City, town, or county) (State or foreign country)

16. (a) Informant William Kaiser
(b) Address St. Louis, Mo.
17. (a) Burial (b) Date thereof 8-9-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Little Plains

18. (a) Signature of funeral director L. F. Dege (b) Address Caruthersville Mo.

19. (a) 8-19-47 (b) John B. Wilks (Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Camden 78
(c) City or town Caruthersville 1 (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7 year 1947 hour 9 minute 10 P.M.
21. I hereby certify that I attended the deceased from April 4 1947 to Aug 7 1947 that I last saw her alive on Aug 6 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerotic Hypertension 47
chronic myocarditis 27
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) none

Major findings: none - 937
Of operations _____
Of autopsy none

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? _____
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature L. F. Dege (M. D. or other) MD
Address Caruthersville Mo. Date signed 8/19/47

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

8-47-244

REC-3 1937

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.....

Boyd B Willis
working under my personal supervision.

Registered Apprentice No. *19*

Signed *Noel C Dean*

Licensed Embalmer No. *3941*

P. O. Address *Cynthiansville, 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.)

54. If this body is not embalmed, fact should be so stated above.