

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 22 1947

Registration District No. 8

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3017

State File No. 41229

Registrar's No. 184

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution At store.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All of life.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. 918 Ravenel Street.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
year 1946 hour 11 minute 30 a. M.

21. I hereby certify that I attended the deceased from Dec 12, 1947 to only 1947;
that I last saw him alive on about Dec 5, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Apoplexy
Duration 5 minutes

Due to unknown

Due to none

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 95%

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? _____

(e) While at work? _____ (Specify type of place)

(f) Means of injury _____

23. Signature W. E. Jones (M. D. or other) h.o.
Address Boonville Mo Date signed 12/12/47

PHYSICIAN
Underline the cause of which death should be charged statistically.

3. (a) PRINT FULL NAME William Schupp.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-20-9886

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

6. (b) Name of husband or wife Mrs. Addie Brieme Schupp. 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased December 2nd 1886
(Month) (Day) (Year)

8. AGE: Years 61 Months _____ Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Shoe Store

12. Name Curry Schupp

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

14. Maiden name Catherine Miller.

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

16. (a) Informant Mrs. Addie Schupp.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Dec. 14th 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director Goodman & Boller.

(b) Address Boonville, Mo.

19. (a) 12-12-47 (b) W. E. Jones
(Date received local registrar) (Registrar's signature)

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

17
1
2

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-18-47

JAN 31 1950

DEC 30 1947

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 _____

William W. Wood _____, Registered Apprentice No. 480

working under my personal supervision.

Signed J. H. Goodman _____

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.