

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

FILED FEB 18 1948

State File No. ....

Registration District No. 366

Primary Registration District No. 6241

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution Near Petoski  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

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

(d) Street No. Near Petoski Mo.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Rosa M. Shoup

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased Nov. 4 1947  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>3</u>	<u>2</u>	..... hr. .... min.

9. Birthplace Petoski Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Laurence Shoup

13. Birthplace Washington Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. M. Mary

15. Birthplace Repley Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Laurence Shoup

(b) Address Petoski Mo.

17. (a) Rural (b) Date thereof 2-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell

18. (a) Signature of funeral director Mr. Luther Sparks

(b) Address Petoski Mo.

19. (a) 2/10/48 (b) Helmut Wedel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1948 hour 6 minute AM

21. I hereby certify that I attended the deceased from Feb. 3-1948 to Feb. 5-1948 that I last saw him alive on Feb. 5-1948 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis

Due to Influenza

Due to.....

Other conditions..... (include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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?..... (Specify type of place)

While at work?..... (a) Means of injury.....

23. Signature J. P. Dumbley (M.D. or Other) 1

Address Petoski Mo. Date signed 2-6-48

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 248-240

Date Filed 2-17-48

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.