S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

9120

State File No.

Registration District No. FILED APR 5 1946

Primary Registration District No. 2001

Registrar's No.

49
2
5

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

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 13 Days (Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JASPER 49
(c) City or town JOPLIN 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1705 Pearl St. 5
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME EARL W. SCHUPP
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida M. Schupp
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 1, 1887 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	1	25	hr. min.

9. Birthplace Sedalia, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Sheet Metal Worker
11. Industry or business Sheet Metal
FATHER
12. Name not available 9
13. Birthplace
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name not available 9
15. Birthplace
(City, town, or county) (State or foreign country)
16. (a) Informant Ida M. Schupp
(b) Address at home
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Mo.
19. (a) 3-3-48 (Date received local registrar) (b) Dolores Lampkins D.R. (Registrar's signature) 1/29

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25th year 1948 hour 10:00 minute A. M.
21. I hereby certify that I attended the deceased from April, 1946, 19, to February, 1948, 19; that I last saw him alive on 2/24/48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	
Due to Cardiac decompensation (Chronic coronary insufficiency, partial heart block)	2 yrs
Due to Pleural effusion chronic	
Other conditions (Include pregnancy within 3 months of death) Pulmonary congestion, liver, ascites, edema etc.	

Major findings:
Of operations
Of autopsy 940

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? (e) Means of injury 0
23. Signature H. Frantham (M. D. or other)
Address 420 Byers, Joplin Date signed 2/28/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-2-227

JUN 1 0 1946

SEP 6 1956

DEC 29 1952

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 F. M. Jones

Licensed Embalmer No. 3319

P. O. Address Joplin 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.