

FILED MAY 21 1948  
Registration District No. **02**

Primary Registration District No. **5266**

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

1. PLACE OF DEATH: **Christian**

(a) County **Christian**

(b) City or town **Ozark Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Residence**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **22 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **Christian**

(c) City or town **Ozark Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Rural**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **FRANZ SCHUPBACH**  
**Franz Schupbach**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **20** 5. Color or race **W**

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

6. (b) Name of husband or wife **Sylvia Schupbach** 6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **May 1891**  
(Month) (Day) (Year)

8. AGE: Years **56** Months **11** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Mechanic**

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name **H. Schupbach**

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

14. Maiden name **Bertha Glaser**

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

16. (a) Informant **Sylvia Schupbach**  
(b) Address **Ozark Mo.**

17. (a) **Burial** (b) Date thereof **April 16 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Schupbach**

18. (a) Signature of funeral director **T. B. Chaffin**  
(b) Address **Ozark Mo.**

19. (a) **May 14 1948** (b) **Faretha M. ...**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13**  
year **1948** hour **6** minute **30 P. M.**

21: I hereby certify that I attended the deceased from **April 13 1948** to **April 13 1948**  
that I last saw him alive on **April 13 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **2 hrs**

Due to **smoker's own no history other than pain in chest**

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy **all**

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **R. R. Farthing** (M. D. or other) \_\_\_\_\_  
Address **Ozark Mo.** Date signed **4-21-48**

RECEIVED

District Health Officer No. 6,

District File Number 548-595

Date Filed MAY 20 1948

MAY 26 1948

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.