

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUN 7 1943
Registration District No. 84

Primary Registration District No. 5316

Registrar's No. 13

1. PLACE OF DEATH: Cooper
(a) County: Cooper
(b) City or town: Rural - Clear Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none
(Specify whether)
In this community: 86 yrs.
years, months or days)

3. (a) PRINT FULL NAME: KATHRYN - SCHUPP.
3. (b) If veteran, name war: no
3. (c) Social Security No.: 770
4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: 2 6. (c) Age of husband or wife if alive: deceased years
6. (b) Name of husband or wife: Curry Schupp
7. Birth date of deceased: 4-26-1857
(Month) (Day) (Year)

8. AGE: 86 Years 2 Months 15 Days ✓ hr. ✓ min.

9. Birthplace: Pilot Grove Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: same
12. Name: Fredrick Muller
13. Birthplace: unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name: Margaret Gardner
15. Birthplace: unknown Mo
(City, town, or county) (State or foreign country)

16. Informant: Albert Schupp
(b) Address: Pleasant Green Mo
17. (a) Rural (b) Date thereof: 5-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: St Pauls Ev. Cemetery

18. (a) Signature of funeral director: Ways & Gardner
(b) Address: Pilot Grove Mo
19. (a) May 17-1943 (b) Wesley Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 27
(a) State: Missouri (b) County: Cooper
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No: Near Pleasant Green, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.: ✓ 43 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 11th
year 1943 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from 3-23- 1943 to 5-11- 1943;
that I last saw h. er. alive on 5-2- 1943
and that death occurred on the date and hour stated above.
Immediate cause of death: Arteriosclerosis 5 yrs
Duration

Due to: _____
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____

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) (e) Means of injury: _____
23. Signature: G O Baley (M. D. or other) _____
Address: Pilot Grove Mo Date signed: 5-12-43

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-4-43

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 Myself

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, W.

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, above space should be left blank: