

REC'D APR 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9865

Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 1039
 (b) Township Manor Primary Registration District No. 5010 Registered No. 86
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALFRED N. SHOOP

(a) Residence, No. 100 St. Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Henrietta Shoop (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr - 4 1955

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 5 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.FATHER 13. NAME Edward Shoop14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.MOTHER 15. MAIDEN NAME Sahara Colley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.17. INFORMANT (ADDRESS) Jessie Shoop18. BURIAL, CREMATION, OR REMOVAL PLACE Novinger Cem DATE Apr 2 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) E. H. Spenser20. FILED April 1 1939 Spencer L. McLean Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29 193922. I HEREBY CERTIFY, That I attended deceased from Jan, 1939, to Mar 29, 1939

I last saw him alive on Mar 29, 1939 Death is said to have occurred on the date stated above, at 9 0 m.
 The principal cause of death and related causes of importance were as follows:

Obsequies followed influenza
95A

Date of onset

Other contributory causes of importance:

Arteriosclerosis 1930

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Ed. McLean, M. D.(Address) Novinger Cem by J.S.G.

RECEIVED

District Health Officer No. 10

District File Number 6-39-441

Date Filed APR 11 1939

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, above space should be left blank.