

FILED JUL 10 1941

Registration District No. 175

Primary Registration District No. 4104

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Salisbury
(c) Name of hospital or institution: 1st City
(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 32 years
years, months or days)

3. (a) PRINT FULL NAME Palmer Dave Shupe

3. (b) If Veteran, name war
3. (c) Social Security No. 4956076363

4. Sex Male
5. Color or race White

6. (a) Single, widowed, married, divorced married
6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec 25 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>5</u>	<u>28</u>	hr. min.

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

10. Usual occupation Barber

11. Industry or business _____

12. Name David W. Shupe

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

14. Maiden name Lemmyer Means

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

16. (a) Informant Eli Shupe

(b) Address Milwaukee Wis.

17. (a) Burial (b) Date thereof June 25 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mendon Mo.

18. (a) Signature of funeral director Reg. B. Winkelmeyer

(b) Address Salisbury, Mo.

19. (a) 6/23/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton
(c) City or town Salisbury
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1941 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from 6-19
1941 to 6-23 1941
that I last saw him alive on 6-23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to _____

Due to Acute Myocarditis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____
Address Salisbury Mo. Date signed 6/23/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8
District File Number 4-8-41
Date Filed

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 Chas B. Winkelmeier
Licensed Embalmer No. 38421
P. O. Address Salisbury, 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.