

No. 2  
OM-543  
v. 5-17-39  
I X36671

Registration District No. **274** Primary Registration District No. **3052** Registrar's No. **111**

80  
6  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Pettis  
 (b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1021 W. 16<sup>th</sup> St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 28 years  
years, months or days

**3. (a) PRINT FULL NAME** Arthur A Schupp  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. 491-07-4420

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife FRANCES Louisa  
 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased Sept. 7 1885  
(Month) (Day) (Year)

**8. AGE:** Years 61 Months 6 Days 10  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MORGAN CO. MO.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation CARPENTER

**11. Industry or business**  
 { **12. Name** Ferdinand Schupp  
 { **13. Birthplace** GERMANY  
(City, town, or county) (State or foreign country)  
 { **14. Maiden name** UNKNOWN  
 { **15. Birthplace** UNKNOWN  
(City, town, or county) (State or foreign country)

**16. (a) Informant** MRS. FRANCES SCHUPP  
 (b) Address Sedalia, Mo.  
**17. (a) BURIAL** (b) Date thereof 3/19/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation MEMORIAL PARK  
**18. (a) Signature of funeral director** Geo. Sellard  
 (b) Address Sedalia, Mo.  
**19. (a) 3/17/47** (b) Betty Yeager  
(Date received local registrar) (Registrator's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Pettis  
 (c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1021 W. 16<sup>th</sup> St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month MARCH day 17  
 year 1947 hour 6<sup>00</sup> minute A M.  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_  
 \_\_\_\_\_, 1945 to MARCH 17, 1947  
 that I last saw him alive on MARCH 15, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY occlusion  
 Due to INFLUENZA  
 Due to \_\_\_\_\_  
 Other conditions Diabetes  
(Include pregnancy within 3 months of death)  
 Major findings: Wet  
 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? 0  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** A. L. Walter (M. D. or other) M.D.  
 Address Sedalia, Mo. Date signed 3-17-47

25/ (Licensed Emballer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-12-47

APR 13 1947

APR 16 1947

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 John G. Cantlon  
Licensed Embalmer No. 4387  
P. O. Address Sedalia, 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.