

FILED APR 29 1947

Registration District No. **347**

Primary Registration District No. **4513**

Registrar's No. **9**

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

1. PLACE OF DEATH:

(a) County **Sullivan**
(b) City or town **Greencastle**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Cooley Nursing Home 4**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Mo. 5 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Laura Frances Shoop**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **F** / 5. Color of race **W**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov. 7 1872**
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **Bowling Green Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business _____

12. Name **William G. Long**

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

14. Maiden name **Sarah Dunham**

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

16. (a) Informant **Mrs. Blanche Summers**

(b) Address **Kirkville, Missouri**

17. (a) **Burial** (b) Date thereof **4/11/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Novinger, Mo.**

18. (a) Signature of funeral director **D.E. Riley**

(b) Address **Kirkville, Mo.**

19. (a) **4-21-47** (b) **Laura Shoop**
(Date received local registrar) (Registrar's signature) 2/1/47

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Adair**
(c) City or town **Kirkville**
(If outside city or town limits, write "RURAL")
(d) Street No. **515 E. Elm**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **8**
year **1947** hour **6:30** minute **A** M.

21. I hereby certify that I attended the deceased from **April 3**, 19**47** to **April 8**, 19**47**
that I last saw him alive on **April 3**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Nephritis** Duration **5 years**

Due to _____

Due to _____

Other conditions **5/1/47**
(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 **H.P. Garrison** (M.D. or other) _____
Address **Novinger, Mo.** Date signed **4/12/47**

REC'D
District Health Officer No. 10
District File Number 44-132
Date Filed APR 28 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 B. E. Riley
Licensed Embalmer No. 4181
P. O. Address Kirkville 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.