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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1947

Registration District No. 173

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5430

State File No. 34171

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Union MoR.R.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Franklin
(c) City or town: Union R.R.
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural Route
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Clara Elizabeth Schupp
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Female
5. Color or race: White
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: October (Month) 29th (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	10	29	hr. ..... min.

9. Birthplace: Dont (City, town, or county) Know (State or foreign country)
10. Usual occupation: House work
11. Industry or business .....
MOTHER FATHER
12. Name: Julius Stewart
13. Birthplace: Dont (City, town, or county) Know (State or foreign country)
14. Maiden name: Susan Remsberg
15. Birthplace: Dont (City, town, or county) Know (State or foreign country)
16. (a) Informant: Mrs Susie Baker
(b) Address: Union missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/30/1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Zion Cemetery Union Mo
18. (a) Signature of funeral director: E. F. Oltman
(b) Address: Union Mo
19. (a) 10-1-1947 (Date received local registrar) (b) E. F. Worthington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 28th year 1947 hour 7 minute 15 a.m.
21. I hereby certify that I attended the deceased from 5-21, 1944, to Sept 28, 1947 that I last saw her alive on Sept 27, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Failure	3 Weeks
Due to Arterio Sclerotic Cardio Vascular Disease	6 yrs
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? (Specify type of place) .....
While at work? ..... (e) Means of injury .....
23. Signature: B. G. Strickman (M. D. or other) M.D.
Address: Union Date signed 9-29-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed OCT 18 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 E. F. Oltmann

Licensed Embalmer No. 1686

P. O. Address Union 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.