

1. PLACE OF DEATH:  
(a) County... Moniteau Co  
(b) City or town... Rural Walker  
(c) Name of hospital or institution... California, Mo. Rt # 2  
(d) Length of stay: In hospital or institution... Life  
In this community... Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State... Missouri (b) County... Moniteau  
(c) City or town... Rural  
(d) Street No... California, Mo Rt # 2  
(e) Citizen of foreign country? No  
If yes, name country...

3. (a) PRINT FULL NAME William Henry Schlup  
3. (b) If veteran, name war... No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 24  
year 1948 hour 11/5 minute A.M.  
21. I hereby certify that I attended the deceased from Feb 2  
1948 to Feb 24 1948  
that I last saw him alive on Feb 22 1948  
and that death occurred on the date and hour stated above.  
Duration

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, or married  
Anna Schlup  
6. (c) Age of husband or wife if alive... 71 years  
7. Birth date of deceased Nov 10 1869  
(Month) (Day) (Year)

Immediate cause of death  
Carcinoma of stomach  
with liver metastases 4 months

8. AGE: Years 78 Months 3 Days 14  
If less than one day hr. min.

9. Birthplace... Dover Ohio  
(City, town, or county) (State or foreign country)  
10. Usual occupation... Farmer

Due to...  
Due to...  
Other conditions...  
(Include pregnancy within 3 months of death)

11. Industry or business...  
12. Name... John Schlup  
13. Birthplace... Switz  
14. Maiden name... Eva L. Roster  
15. Birthplace... Ohio

PHYSICIAN  
Underline the cause of which death should be charged statistically.  
Major findings:  
Of operations...  
Of autopsy...  
HUB

16. (a) Informant... William Schlup  
(b) Address... California Mo  
17. (a) Burial (b) Date thereof Feb 26 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation... Highland Cemt.  
18. (a) Signature of funeral director... Bowlin Funeral Home  
(b) Address... California, MO  
19. (a) 2-25-48 (b) H.R. Roppego  
(Date received local registrar) (Registrar's signature)

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... (M. D. or other)  
Address... California, Mo Date signed 2-25-48

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed MAR 11 1948

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 me  
..... Registered Apprentice No.....  
working under my personal supervision.

Signed Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address California 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.