

Registration District No. **1198**Primary Registration District No. **2011**Registrar's No. **69**

1. PLACE OF DEATH:

(a) County **Salary**
 (b) City or town **Excelsior Springs Mo**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Excelsior Springs Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day**
 (Specify whether
 If this community **yes**
 years, months or days **1 day** **11 21**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Salary**
 (c) City or town **Mosby MO**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **✓**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **✓** years.

3. (a) PRINT FULL NAME

JOHN S. ALSUP8. (b) If veteran,
name war **710**3. (c) Social Security
No. **720**4. Sex **Male** 5. Color or race **White** 6. (e) Single, widowed, married,
divorced **Widowed**6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if
alive **Dead** years7. Birth date of deceased **9 March 3 - 1871**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
69 - 1 14 hr. min.9. Birthplace **Ray Mo** **MO**
(City, town, or county) (State or foreign country)10. Usual occupation **Common Laborer**

11. Industry or business

MOTHER FATHER
 { 12. Name **Joseph Alsup**
 { 13. Birthplace **Ray Mo** **MO**
 (City, town, or county) (State or foreign country)
 { 14. Maiden name **Leathman Fisher**
 { 15. Birthplace **Ray Mo** **MO**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Thomas P. Alsup**(b) Address **Camden R 1**17. (a) **Burial** (b) Date thereof **4/19/40**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Little Union Ray Mo**18. (a) Signature of funeral director **Hubert Kope**(b) Address **Excelsior Springs Mo**19. (a) **4-19-40** (b) **Wm C. Crabb**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17**
year **1940** hour **2** minute **30 A.M.**21. I hereby certify that I attended the deceased from **2-16**
1940, to **2-17**, 19 **40**that I last saw him alive on **4/17**, 19 **40**
and that death occurred on the date and hour stated above.Immediate cause of death **Coronary Fibillation** Duration **5 days**Due to **95W**Due to **95W**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 sta-
tistically.

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 injury23. Signature **Thomas P. Alsup** (M. D. or other)Address **Excelsior Springs Mo** Date signed **4/19/40**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-3-39

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.....

Herbert Hope....., Registered Apprentice No.
working under my personal supervision.

Signed Herbert Hope
Licensed Embalmer No. 3199
P. O. Address Epelston Spring

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.