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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38116

FILLED DEC 8 1941

State File No. _____

Registration District No. _____

Primary Registration District No. 3011

Registrar's No. 172

1. PLACE OF DEATH:

(a) County Clay
(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:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos.
In this community unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Camden
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas D. Alsup

3. (b) If veteran, name was Spanish American War 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tabitha Alsup 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased March 22, 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Ray County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____
12. Name Joseph Alsup

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

14. Maiden name Catherine Fisher

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

16. (a) Informant Hospital Records

(b) Address Veterans Administration, Excelsior Spgs, Mo.

17. (a) Removal (b) Date thereof 11-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden, Mo.

18. (a) Signature of funeral director Brothers Funeral Home

(b) Address Richmond, Mo.

19. (a) 11-26-41 (b) Mrs. R. M. Cracker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day November
year 1941 hour 10:05 minute A. M.

21. I hereby certify that I attended the deceased from September 26, 1941 to November 26, 1941
that I last saw him alive on November 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia, lymphatic, chronic

Due to _____

Due to _____

Other conditions 174a
(Include pregnancy within 3 months of death)

Major findings: No autopsy
Of operations _____

Of autopsy _____

Duration

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) Where did injury occur? Spgs, Mo. (City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature P. A. Welch (Specify type of place) (M. D. or other)

Address Veterans Administration Date signed 11-26-

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed: 12-5-41

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

P. O. Address

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, fact should be so stated above.