

AUG 7 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25123  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 84  
(b) Township St. Joseph Primary Registration District No. 2001 Registered No. 795  
(c) City St. Joseph (d) Street No. Missouri Methodist Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 49 yrs. 1 mo. 17 ds. (f) How long in U. S., if of foreign birth? yrs. mo. ds.

## 2. PRINT FULL NAME

421 Marguerite Millsap  
(a) Residence, No. 3328 Locust St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl Lee Millsap

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1890;

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
49 1 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Joseph  
(STATE OR COUNTRY) Missouri

13. NAME Peter Ushler

14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. M.T. Allen  
(ADDRESS) Kansas City, Missouri.

18. BURIAL, CREMATION, OR REMOVAL St. Olivet Cemt.  
PLACE St. Joseph, Mo. DATE Aug. 2, 1939

19. FUNERAL DIRECTOR (NAME) H.O. Sidenfaden & Son  
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Aug 1 1939 H. West  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-17, 1939, to 7-31, 1939  
I last saw her alive on 7-30, 1939. Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:

Acute coronary thrombosis Date of onset July 4, 1939  
Heart disease  
Coronary sclerosis  
Enlargement of heart

Other contributory causes of importance

Heart disease  
Coronary sclerosis  
Enlargement of heart

Name of operation none Date of 7-30What test confirmed diagnosis? findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury 7-31, 1939Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury HomeNature of injury Home24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) H. West, M. D.85 (Address) St. Joseph, Mo.

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT

DATE 8/17/99

**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 Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address St. Joseph, 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, above space should be left blank.**