

FILED MAR 7 - 1940

Registration District No. 907

Primary Registration District No. 6220

Registrar's No. 4

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town RUral - PIRASANT VALLEY
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 78 yrs
In this community 78 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT
(c) City or town MANSFIELD - RUral
(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 Aby MILSAP 421

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE
6. (b) Name of husband or wife WILLIS MILSAP
7. Birth date of deceased MARCH 4 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 11 19 hr. _____ min.

9. Birthplace MISSISSIPPI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name: WILLIS GRAY
13. Birthplace ILLINOIS
14. Maiden name MARTHA WHITNEY
15. Birthplace TENNESSEE
(City, town, or county) (State or foreign country)

16. (a) Informant Candy Milsap
(b) Address Mansfield Mo

17. (a) BURIAL (b) Date thereof FEB 26 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOLF CREEK CEM.

18. (a) Signature of funeral director F. A. Steffe

(b) Address MANSFIELD MO

19. (a) FEB. 28, 1940 (b) J. M. D. Short
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 25
year 1940 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from FEB 25
1940, to FEB 25, 1940;
that I last saw her alive on FEB 25 - 25, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 1 hr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?
477
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. A. Larson (M. D. or other) 1
Address Mansfield Mo Date signed 2-26-40

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

RECEIVED

District Health Officer No. 6,

District File Number 3410-642

Date Filed MAR 5 1949

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

H. A. Steffe

Licensed Embalmer No.

3221

P. O. Address

Manfull 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.