

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34973

State File No.

Registrar's No.

NOV 15 1940

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)
In this community 1 day

3. (a) PRINT FULL NAME Charles Alsup

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced -
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased 4 22 1940
(Month) (Day) (Year)

8. AGE: * Years Months Days If less than one day
- 5 15 - hr. min.

9. Birthplace Matthews, Mo. R#3 0
(City, town, or county) (State or foreign country)

10. Usual occupation - 0

11. Industry or business - 0

12. Name Charlie Alsup

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

14. Maiden name Vilena Moore

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

16. (a) Informant Charlie Alsup

(b) Address Matthews, Mo. R. # 3

17. (a) Burial (b) Date thereof 10 8 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Matthews Mo

18. (a) Signature of funeral director John Allister

(b) Address Sikeston, Missouri

19. (a) 10-6-40 (b) John Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Matthews
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. # 3
(If rural, give location)
(e) If foreign born, how long in U. S. A. - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 6 1940 day
year 1940 hour 7:40 minute P M.

21. I hereby certify that I attended the deceased from Oct 6 1940, to Oct 6 1940
that I last saw her alive on Oct 6 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Ileus colitis Duration one week

Due to not known

Due to 11/1/40

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?

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

23. Signature J. F. Cochran (M. D. or other)

Address Cape Girardeau, Mo Date signed 10/6/40

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

John Alenton

Licensed Embalmer No. *2941*

P. O. Address *Spokane, 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.