

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7106

State File No. _____

FILED MAR 25 1941

Registration District No. 384

Primary Registration District No. 4287

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains, Mo
(c) Name of hospital or institution Mont Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 67 yrs (Specify whether years, months or days)

8. (a) PRINT FULL NAME Benjamin Montgomery 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 m
6. (b) Name of husband or wife Kitty Alsup 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased 9-1873 (Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Howell Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business

12. Name J. K. P. Alsup
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mary Emerson
15. Birthplace Bergia (City, town, or county) (State or foreign country)

16. (a) Informant Kitty Byers Alsup
(b) Address West Plains, Mo
17. (a) (Burial, cremation, or removal) 3-13-41 (Month) (Day) (Year)
(b) Date thereof 3-13-41
(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director Robert
(b) Address West Plains, Mo

19. (a) 2-18-41 (Date received local registrar) (b) Vida W. SIMONS (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell
(c) City or town West Plains (If outside city or town limits, write "RURAL")
(d) Street No. Mont Street (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 2 day 12 year 1941 hour 3 minute 45 M.

21. I hereby certify that I attended the deceased from Jan. 29, 1941 to Feb. 12, 1941, that I last saw him alive on Feb. 11th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Septicaemia, chronic. Duration 3 mos.

Due to Purulent Arthritis, and anemia 3 mos.

Due to ✓

Other conditions. (Include pregnancy within 3 months of death) ✓

Major findings: Of operations ✓

Of autopsy None.

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? 3-13-41

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

23. Signature Arthur H. Hargrave (M. D. 112)
Address West Plains, Mo. Date signed 2/18/41

RECEIVED
District Health Officer No. 5,
District File Number 341339
Date Filed _____

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 _____

Licensed Embalmer No. 3432

P. O. Address West Plains

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.