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FILED AUG 11 1941

Registration District No. **420**

Primary Registration District No. **4283**

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon  
(If outside city or town limits, write "RURAL" and name of township)

(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 \_\_\_\_\_  
In this community 20 years 1 (Specify whether years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Alice J. Millsap

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

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Robert 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 27 1856  
(Month) (Day) (Year)

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

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Porter Jones

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

14. Maiden name Elizabeth Conditon

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

16. (a) Informant Mrs Anna Speer

(b) Address Mt. Vernon Mo

17. (a) Burial (b) Date thereof July 10-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.O.O.F. Cemetery

18. (a) Signature of funeral director H. D. Fassett

(b) Address Mt. Vernon Mo

19. (a) 10-1941 (b) P. H. Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence **055**

(c) City or town Mt Vernon Mo **0**  
(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 **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 8<sup>th</sup>  
year 1941 hour 1:20 minute 15 p.-M.

21. I hereby certify that I attended the deceased from July 7 to July 8, 1941; that I last saw her alive on July 7, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Coronary Thrombosis - bda.

Due to 94th

Other conditions gtd  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) 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? \_\_\_\_\_

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

23. Signature Samuel Glover (M. D. or other) **0**

Address Mt Vernon Mo Date signed 7/10/41

RECEIVED

District Health Officer No. 6,

District File Number 841-1326

Date Filed AUG 7 1941

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

Max L Fossett

Registered Apprentice No. 268

working under my personal supervision.

Signed

H. D. Fossett

Licensed Embalmer No. 2301

P. O. Address Mt. Vernon

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.