

2  
4-41  
-39  
X26390

Registration District No. 413

Primary Registration District No. 5559.C.

Registrar's No. 36

FILED OCT 6 1941

1. PLACE OF DEATH:

(a) County Raspin  
(b) City or town Mineral Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Raspin Co. TBC Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 1/2 mo  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME John H. Millsap  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex M  
5. Color or race Wh  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Austa Millsap  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 16 1873  
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name J. H. Millsap  
13. Birthplace Mo  
14. Maiden name Martha Hood  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Records  
(b) Address \_\_\_\_\_

17. (a) BURIAL (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof SEPT. 18  
(Month) (Day) (Year)  
(c) Place: burial or cremation Stanberry Mo

18. (a) Signature of funeral director Hodge - Nelson  
(b) Address W. 1st City Mo.

19. (a) SEPT. 17 (Date received local registrar) 41  
(b) W. H. Hatcher (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry  
(c) City or town Stanberry  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Route 3  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17  
year 1941 hour 10 minute 15 a. M.

21. I hereby certify that I attended the deceased from June 27 1941 to Sept 17 1941  
that I last saw him alive on Sept 17 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis  
Coronary Thrombosis

Due to \_\_\_\_\_  
Due to 13B  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

PHYSICIAN  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work?  (e) Means of injury \_\_\_\_\_  
Signature Jesse C. Doughton (M. D. or D. O.)  
Address Phar City Mo Date signed 9/17/41

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

**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. *88579*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply, the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**