

FILED OCT 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32206

State File No.

Registration District No. 653

Primary Registration District No. 4390

Registrar's No. 60

1. PLACE OF DEATH:
(a) County Rembert
(b) City or town Hayti, Mo.
(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 60 yrs. years
years, months or days

3. (a) PRINT FULL NAME Doct Eliza Alsop
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife Sidney Stella Alsop 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased March 27, 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Benton Co. Tenn
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Jim Alsop
13. Birthplace Benton Co. Tenn
(City, town or county) (State or foreign country)

14. Maiden name DT
15. Birthplace DT
(City, town or county) (State or foreign country)

16. (a) Informant Jack Alsop
(b) Address Hayti, Mo.

17. (a) Buried (b) Date thereof 9-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti, Mo.

18. (a) Signature of funeral director James H. Hula
(b) Address Hayti, Mo.

19. (a) 9/16/41 (b) Earl Kelley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Rembert
(c) City or town Hayti 078
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 9 day
year 1941 hour 8 minute P M.

21. I hereby certify that I attended the deceased from 9-2
1941 to 9-9 1941;
that I last saw him alive on 9-9 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia
Due to 186h
Due to 39

Other conditions Concussion of brain
(Include pregnancy within 3 months of death)

Major findings: Fracture of pelvis
Of operations and neck of Rt. femur
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) Accident
(b) Date of occurrence 9-3-41
(c) Where did injury occur? Hayti, Mo. NIA
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In front of Post Office
While at work? (Specify type of place) (e) Means of injury fall

23. Signature Offshore (M. D. or other)
Address Hayti, Mo. Date signed 9-9-41

(Licensed Embalmer's Statement on Reverse Side)

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

10-41-6

DRG

820

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.....

P. O. Address.....

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.