No. 2
4-41
7-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1941

Registration District No. 198

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3011

State File No. 38116

Registrar's No. 172

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo. Twn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Camden 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Thomas D. Alsup

3. (b) If veteran, name war Spanish American War

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Tabitha Alsup

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 22, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	8	4	hr. min.

9. Birthplace Ray County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business "

FATHER
12. Name Joseph Alsup
13. Birthplace - Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Fisher
15. Birthplace - Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Veterans Administration, Excelsior Spgs. Mo.

17. (a) Removal (b) Date thereof 11-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J B Brothers
(b) Address Brothers Funeral Home Richmond, Mo.

19. (a) 11-26-41 (b) Mrs Rea McCracken
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day November
year 1941 hour 10:05 minute A. M.

21. I hereby certify that I attended the deceased from September 26, 1941, to November 26, 1941
that I last saw him alive on November 26, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Leukemia, lymphatic, chronic	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 74a	

Major findings:
Of operations

Of autopsy No 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) Place 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 E. A. WELCH, M.D. E A Welch (M. D. or other)

Address Veterans Administration Excelsior Springs, Mo. Date signed 11-26-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed: 12-5-41

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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 J B Brothers, Registered Apprentice No. Brothers Funeral H working under my personal supervision.

Signed J B Brothers

Licensed Embalmer No. 2001

P. O. Address Richmond

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.