

Registration District No. **420**

Primary Registration District No. **5633**

Registrar's No. **170**

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **St. Vernon, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri State Sanatorium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **137 days**
(Specify whether
In this community **137 days**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lentz**
(c) City or town **Stanherry**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Austa Millsap**

3. (b) If veteran, name war **no** 3. (c) Social Security **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **John Millsap** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **February 27 1887**
(Month) (Day) (Year)

8. AGE: Years **59** Months **9** Days **16** If less than one day hr. _____ min. _____

9. Birthplace **Lentz County Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **George A. Brown**

13. Birthplace **Andrew Co. Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Walters**

15. Birthplace **Judson Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Em. Michael Record Clerk**

(b) Address **Missouri State Sanatorium**

17. (a) **Removal** (b) Date thereof **12-16-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Raywood, Mo**

18. (a) Signature of funeral director **John Andrews**

(b) Address **South City Mo**

19. (a) **12-14-1941** (b) **J. O. Palmer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **13th**
year **1941** hour **12:50** minute **2** M.

21. I hereby certify that I attended the deceased from **July 10**, 1941, to **Dec 13th**, 1941,
that I last saw him alive on **December 12th**, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** *ever*

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **138**

Major findings: Of operations _____
Of autopsy **Pulmonary Abscess**
The right heart & intails

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? _____

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

23. Signature **James C. Bush** (M. D. or other) **D. M. D.**
Address _____ Date signed _____

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

53-00

RECEIVED

District Health Officer No. 6,

District File Number 142-51

Date Filed JAN 6 1942

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.....

John Andrews Jr, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4211

P. O. Address Grant City

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.