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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21167

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 427

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: BURGE HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS (Specify whether

In this community 32 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 328½ E. Commercial 6
(If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME THOMAS E. ALSUP

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE O

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 2 WIDOWER

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased July (Month) 22 (Day) 1865 (Year)

8. AGE: Years ✓ 76 | Months 10 | Days 12 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Retired Frisco Employee

11. Industry or business Clerk for Frisco R.R. Co.

FATHER
12. Name LACH ALSUP
13. Birthplace Unk. (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Madaline Epps
15. Birthplace Unk. (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant Howard Epps

(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) 6-5-42 (Date received local registrar) (b) Dr W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 1 1942 6/1 1942 to 6-4 1942 that I last saw him alive on 6-4 1942 and that death occurred on the date and hour stated above.

Immediate cause of death ~~[illegible]~~ Chronic Valvular heart Resin

Due to with acute coronary block (sudden death)

Due to

Other conditions Fracture R. Hip.
(Include pregnancy within 3 months of death)

Major findings:
Of operations ~~Fractured R. Hip~~ ~~6/1-42~~
Of autopsy ~~No~~

Duration

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) Accident

(b) Date of occurrence June 1 1942

(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Street (Specify type of place)

While at work? no (e) Means of injury Fellin Street

23. Signature J. F. Freeman (M. D. or other)

Address Springfield Mo Date signed 6/4/42

984

(Licensed Embalmer's Statement on Reverse Side)

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. 4071

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.