

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15787

State File No.

FILED APR 13 1949
Registration District No. 2

Primary Registration District No. 4552

Registrar's No.

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mountain Grove
(c) Name of hospital or institution: Ryan Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days years (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME James Thomas Alsop

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maggie Alsop 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 20 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 3 15 hr. min.

9. Birthplace Douglass Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Shelt Alsop

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Phoebe Ousley

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Noel Alsop

(b) Address Mountain Grove Mo

17. (a) Burial (b) Date thereof March 8, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Douglass County

18. (a) Signature of funeral director [Signature]

(b) Address Mountain Grove Mo

19. (a) 4/14-43 (b) H. M. Lower
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglass 34
(c) City or town Vanzant (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1943 hour 9 minute 30 P.A.M.

21. I hereby certify that I attended the deceased from 2/25
1943 to 3/5 1943;
that I last saw him alive on 3/5 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death obstruction of bowels
Duration

Due to

Due to

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?

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

23. Signature R. A. Rein (M. D. or other)
Address Mountain Grove Mo Date signed 4/12-43

1335 (Licensed Embalmer's Statement on Reverse Side)

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.....

George V. Stapp
3161

Licensed Embalmer No.....

P. O. Address.....

Mr. J. W. M.

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.