V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1945

Registration District No. 3178

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14865

Primary Registration District No. 4552

Registrar's No. 145

1. PLACE OF DEATH:

(a) County Wright

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

(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 (Specify whether years, months or days)

In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Mountain Grove
(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

3. (a) PRINT FULL NAME Mrs Nora Alsup

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife J.C.Alsup

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

7. Birth date of deceased February (Month) 6 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
86	2	3	hr. min.

9. Birthplace Jonesboro (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER

12. Name Oliver Wilson

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

14. Maiden name Christina Albright

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

16. (a) Informant J.A.Alsup

(b) Address Bay Arkansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/10/45 (Month) (Day) (Year)

(c) Place: burial or cremation Pine-Hill Cemetery-Bay Ark.

18. (a) Signature of funeral director Geo. Stapp

(b) Address Mountain Grove Mo

19. (a) 4/9/45 (Date received local registrar) (b) H.W.Lawrence (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 9

year 1945 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 1 1944 to 4-9- 1945;

that I last saw h[illegible] alive on 4-9- 1945;

and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia - Chronic	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 4-9-45

1252

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number HHS-500
Date Filed -- APR 25 1940

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 Stapp

Licensed Embalmer No. 3161

P. O. Address Ft. Pierre, S.D.

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.