

FILED DEC 9 1946

Registration District No. **143**

Primary Registration District No. **4232**

Registrar's No. **41**

1. PLACE OF DEATH:

(a) County **Howell**
(b) City or town **Willow Springs**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Entire life** years, months or days

3. (a) PRINT

FULL NAME **LEWIS ELMER ALSUP**

3. (b) If veteran, name war **None** 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 **Elaine** 6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **April 18, 1887**
(Month) (Day) (Year)

8. AGE: Years **59** Months **7** Days **X** If less than one day
hr. min.

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

10. Usual occupation **FARMER**

11. Industry or business

12. Name **J. K. P. Alsup**
13. Birthplace **Green County, Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Emerson**
15. Birthplace **Childs County, Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Elsie Alsup**
(b) Address **Willow Springs, Mo.**
17. (a) **Burial** (b) Date thereof **11-22-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Burnham Cemetery**

18. (a) Signature of funeral director **J. C. Burns**
(b) Address **Willow Springs, Mo.**
19. (a) **11-25-46** (b) **Glenn H. Miller**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Howell**
(c) City or town **Willow Springs**
(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 **Nov.** day **18**
year **1946** hour **5:25** minute **P.M.**

21. I hereby certify that I attended the deceased from **Feb. 5, 1941** to **Nov. 18, 1946**
that I last saw him alive on **Nov. 18, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **15 yrs**
Due to **Rheumatic Fever** **15 yrs**

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

Major findings: Of operations **93D**
Of autopsy _____
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 **1**
23. Signature **E. C. Callahan** (M. D. or other) _____
Address **Willow Springs** Date signed **11-21-46**

RECEIVED

District Health Officer No. 5,

District File Number. 246661

Date Filed 12-6-46

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.....

Fred W. Barnes #413....., Registered Apprentice No.....
working under my personal supervision.

Signed Thomas R. Burns.....

Licensed Embalmer No. 4214.....

P. O. Address. Willow Springs, Mo.

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.