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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 1603

FILED JAN 19 1948

Registration District No. 164

Primary Registration District No. 3-0-3-2-5601

Registrar's No. 2

**1. PLACE OF DEATH:**

(a) County Johnson

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

(c) Name of hospital or institution: Home Pertle Springs
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Johnson 51

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Pertle Springs 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Sarah Belle Alsup

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Lee Alsup

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

7. Birth date of deceased Jan (Month) 4 (Day) 1861 (Year)

8. AGE: Years 87 Months 0 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Rolla (City, town, or county) N. C. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Fred Urban
(b) Address Warrensburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney-Phillips
(b) Address Warrensburg Mo

19. (a) Jan. 6, 1948 (Date received local registrar) (b) Savannah Creitzfeller (Registrar's signature) 1/19

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 5
year 1948 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from 12-20 1947 to 1-5 1947
that I last saw her alive on 1-4 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Arteriosclerosis Generalized | 1 yr. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 97 | |
| Of autopsy | |

PHYSICIAN — Underline the cause of 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) 0

While at work? ..... (e) Means of injury .....

Signature Rhee Cooper (M. D. or other)

Address Warrensburg Mo Date signed 1/6/49

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 19 1948

## 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 W. Jack Phillips, Registered Apprentice No. 14, working under my personal supervision.

Signed R. L. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.