-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32757

FILED NOV 1 1948

Registration District No. 1

Primary Registration District No. 5553

Registrar's No. 22

1. PLACE OF DEATH:
(a) County Howell
(b) City or town South Fork, Mo (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
In this community 31 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howell 46
(c) City or town South Fork (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lucinda Alice Alsup
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Wd
6. (b) Name of husband or wife H. F. Alsup
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6-28-1862 (Month) (Day) (Year)

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

9. Birthplace Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Manuel Nicewater
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Betsy Hubbel
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Bart Alsup
(b) Address S. Fork, Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 9-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion
18. (a) Signature of funeral director Robertsons
(b) Address West Plains Mo
19. (a) Oct 21-48 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 377

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 21 year 1948 hour 7 minute 59 M.

21. I hereby certify that I attended the deceased from 6-10, 1948 to 9-21, 1948 that I last saw her alive on 9-7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Face & Eye R Side | Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) ✓

Major findings:
Of operations ✓
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)
While at work? (e) Means of injury

23. Signature C. E. Roe (M. D. ~~death~~)
Address Viola Ark Date signed 9-24-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-25-48
District Health Officer No. 5,
District File Number 1848668
Date Filed 10-25-48

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 Robert A. Gragg

Licensed Embalmer No. 14547

P. O. Address West Plains, 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.