

OCT 23 1940

498

5663

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Bucklin (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PP#3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether
In this community 53 yrs (Specify whether
years, months or days)

8. (a) PRINT FULL NAME John Wesley Millsap

8. (b) If veteran, name war — 8. (c) Social Security No. —

4. Sex M. 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maudie Anne 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Aug 26 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Mason Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Star Route Mail Carrier

11. Industry or business Carrying mail

12. Name John Wesley Millsap

13. Birthplace Mason Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Smith

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

16. (a) Informant Maudie Anne Millsap

(b) Address Bucklin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Green Oak, Mason Co. Mo. 4117

18. (a) Signature of funeral director Thomas J. ...

(b) Address Bucklin Mo.

19. (a) Sept 29 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn
(c) City or town Bucklin (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mi East of town
(If rural, give location)
(e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22,
year 1940 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 0
0, 1940 to 0, 1940;

that I last saw him alive on Sept 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death un-determined
Sudden Death
perhaps

Due to acute myocardial infarction

Due to some heart ailment

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 194

of autopsy none performed
but should have been

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 [Signature] (M. D. or other)

Address Bucklin Mo. Date signed 9-22

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

MOTHER, FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

DISTRICT EMBALMERS NO. 176

District File Number _____

Date Filed _____

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 _____
W. H. Green

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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, above space should be left blank.