

Registration District No. 920

Primary Registration District No. 5955

Registrar's No. Y

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Longrun
(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 _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark
(c) City or town Longrun
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1941 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from Mar 18th
1941 to Mar 24 1941
that I last saw her alive on Mar 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Staphylococcal Infection
Erysipelas
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence about 2 to 3 years
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature P. C. Meyer (M. D. or other) _____
Address Thompsonfield, Mo. Date signed _____

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

3. (a) PRINT FULL NAME Nora Simpson

3. (b) If veteran, name war _____ (c) Social Security No. None

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

6. (b) Name of husband or wife W. Kinley Simpson 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased July 5, 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 8 20 _____ hr. _____ min.

9. Birthplace Ozark County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Hampton
13. Birthplace Bigcreek, Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Celia Hyeres
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Simpson
(b) Address Longrun, Missouri

17. (a) Burial (b) Date thereof 3-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hicks

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 4/25/41 (b) Mary E. Johnson
(Date received for registry) (Signature of signatory)

RECEIVED

District Health Officer No. 6,

District File - 541-747

Date Filed - MAY 7 1941

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. B. Hutchinson

Licensed Embalmer No. 3481

P. O. Address _____

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.