

FILED DEC 6 1946

State File No. _____

Registration District No. 184

Primary Registration District No. 3-0-38-5688

Registrar's No. 121

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: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 21 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

(c) City or town Bucklin (Rural)
(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 _____

3. (a) PRINT FULL NAME ELNORA M. SIMPSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1946 hour 6 minute 9 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to Nov. 11, 1946, that I last saw her alive on Nov. 11, 1946 and that death occurred on the date and hour stated above.

4. Sex F.M. 5. Color or race white

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

6. (b) Name of husband or wife Roy Simpson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 21 1886
(Month) (Day) (Year)

Immediate cause of death

Cerebral hemorrhage
Hypertension

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

12 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>0</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace Bucklin Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Silas M. Yount

13. Birthplace Danville Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Frances Ann Morris

15. Birthplace Buckfield Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Simpson

(b) Address Bucklin Mo.

17. (a) Buried (b) Date thereof Nov. 14, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckfield Mo.

18. (a) Signature of funeral director Parson Funeral Service

(b) Address Bucklin Mo.

19. (a) Nov 12, 1946 (b) Walter B. Carwin
(Date received local registrar) (Registrar's signature)

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)

Means of injury _____

23. Signature John W. Wilkins (M. D. or other) _____

Address Marble Hill Mo. Date signed 11-12-46

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

36446

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..... *E. A. Cameron*.....

Licensed Embalmer No..... *37*.....

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, fact should be so stated above.

EMERALD HEALTH OFFICE
Cameron, Mo.