

FILED JUN 15 1948

Registration District No. 181

Primary Registration District No. 5675

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County LINCOLN
(b) City or town RURAL - HURRICANE TWSHP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8 MILES N.W. of Elsberry
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 7 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LINCOLN
(c) City or town ELSBERRY
(If outside city or town limits, write "RURAL")
(d) Street No. PENICKY HILL
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 16
year 1948 hour 4 minute 20 P.M.
21. I hereby certify that I attended the deceased from MARCH c.s.t.
6, 1948, to MAY 16, 1948;
that I last saw her alive on MAY 13, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death
BRONCHIO-PNEUMONIA HYPOSTATIC
TERMINAL

Duration
48 HR.

Due to CHR. MYOCARDITIS +
Due to CARDIAC DECOMPENSATION

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to 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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature E. G. Gorman (M. D. or other) md
Address ELSBERRY, MO Date signed 5/20/48

8. (a) PRINT FULL NAME BIRDIE FRANCES SIMPSON

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

4. Sex FEMALE 5. Color or race W. 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife James P. Simpson 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased NOV 30 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Lincoln County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm Shuck

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

14. Maiden name Margaret Graves

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

16. (a) Informant J. P. Simpson

(b) Address Elsberry, Mo

17. (a) Burial (b) Date thereof 5-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge - Elsberry

18. (a) Signature of funeral director [Signature]

(b) Address Elsberry, Mo

19. (a) 5722/48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 14 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. *4012*

P. O. Address *Elsberry, Ind*

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.