

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 804

Primary Registration District No. 6049

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Greentop
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 61-8-25
years, months or days

3. (a) PRINT FULL NAME Florence Willmetta Mc Cormick

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Mc Cormick

6. (c) Age of husband or wife if alive 70 years 8 1878
(Month) (Day) (Year)

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

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>8</u>	<u>24</u>	hr. min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name John Heavlin

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

14. Maiden name Ella Crane

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

16. (a) Informant's own signature Viivian Simpson

(b) Address Greentop Mo.

17. (a) Greentop (b) Date thereof. 1 5 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greentop Cemetery

18. (a) Signature of funeral director Qu Kelly

(b) Address Kirkville Mo.

19. (a) Jan 6 - 40 (b) Mrs O P Simpson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Greentop
(If outside city or town limits, write "RURAL")

(d) Street No. Main St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1940 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from mar
mar, 1937, to Jan 2, 1940
that I last saw her alive on Jan 1, 1940
and that death occurred on the day and hour stated above.

Immediate cause of death Cirrhosis of Liver Duration 2 yrs

Due to mesoplasma vesicular

Due to hepatic obstruction

Other conditions 124
(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 _____

28. Signature O. P. Simpson (Mr. Dr. or other) DO
Address Greentop Mo. Date signed Jan 5 1940

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.....

Licensed Embalmer No.....

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.