

FILED MAR 9 1942  
Registration District No. **5554**

Primary Registration District No. **5554**

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

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution: 11515 East 19 St. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

In this community 25 years

**3. (a) PRINT FULL NAME** Nettie A. Shrimpton

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. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: July 21 1878 (Month) (Day) (Year)

**8. AGE:** Years 63 Months 6 Days 25 If less than one day — hr. — min. —

9. Birthplace: Adelant Prairie Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Laris Anderson

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

14. Maiden name Sophia Jusk

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

16. (a) Informant Walter H. Shrimpton

(b) Address 11515 E-19 St. 1

17. (a) Burial (b) Date thereof Feb-18-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director George C. Quon

(b) Address Independence, Mo.

19. (a) Feb-17-42 (b) James W. Ross (Date received by registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

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

(d) Street No. 11515 East 19 St 1 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb - day 16 year 1942 hour 11:03 minute A. M.

21. I hereby certify that I attended the deceased from Jan-1941 to Feb-16 1942

that I last saw him alive on Feb-16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Skull Duration 8 mo.

Due to Carcinoma of Breast

Due to operated in 1941

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50

Of autopsy —

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? —

(Specify type of place)

While at work? — (e) Means of injury —

23. Signature R. H. [unclear] (M. D. or other)

Address 5000 S. [unclear] Av Date signed 2/16/42

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

Robert Williams  
5400 St. John

---

---

**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

*Lloyd C. Carson*

Licensed Embalmer No. *4199*

P. O. Address

*Independence, 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.