. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15850

State File No.

Registration District No. 875 Primary Registration District No. 3039 Registrar's No. 96

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1102 S. Cedar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 45 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 1102 S. Cedar
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Simpson
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar 14, 1869 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	1	2	hr. min.

9. Birthplace Cross Timber, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Housekeeping
FATHER
12. Name William Campbell
13. Birthplace Unknown Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Cynthia Boze
15. Birthplace Unknown Ky. (City, town, or county) (State or foreign country)
16. (a) Informant Dora Garrett
(b) Address Nevada, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/42 (Month) (Day) (Year)
(c) Place: burial or cremation Moore Cemetery
18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Mo
19. (a) 4-29-42 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16, year 1942 hour 4:00 minute P M.
21. I hereby certify that I attended the deceased from Jan 17, 1942, to April 16, 1942 that I last saw her alive on March 2, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignant growth of cecum, type not determined	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46

Major findings:
Of operations
Of autopsy none made

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) no
(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 0
23. Signature R W Pearce Jr (M. D. or other) MD
Address Nevada Mo Date signed 4/22/42

1231

(Licensed Embalmer's Statement on Reverse Side)

MAY 1 1942

RECEIVED
District Health Officer No. 7,
District File Number 4-42-441
Date Filed 4-30-42

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 R. Winscott

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.