

V.S. No. 72  
M-11-10-39  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 10 1942

Registration District No. -895 360

Primary Registration District No. -3039-2976

Registrar's No. 124

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

**1. PLACE OF DEATH:**

(a) County Vernon

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

(c) Name of hospital or institution: At Home - 820 N. Clay St! (If not in hospital or institution, write street number or location)

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

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**3. (a) PRINT FULL NAME** Elsie Shaw

**3. (b) If veteran,** name war  **3. (c) Social Security No.** None

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**4. Sex** Female **5. Color or race** W **6. (a) Single, widowed, married,** divorced **6. (c) Age of husband or wife if alive**  years

**7. Birth date of deceased** Oct 15 1867 (Month) (Day) (Year)

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8. AGE:			If less than one day
Years	Months	Days	
<u>74</u>	<u>8</u>	<u>19</u>	hr. min.

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**9. Birthplace** Pattis County Missouri (City, town, or county) (State or foreign country)

**10. Usual occupation** Homemaker

**11. Industry or business** None

**MOTHER**

**FATHER**

**12. Name** Daniel Tinsley

**13. Birthplace** unknown Kentucky (City, town, or county) (State or foreign country)

**14. Maiden name** Elizabeth Ann Tinsley

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

**16. (a) Informant** Miss Elizabeth Shaw

**(b) Address** Nevada Missouri

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** Jul 5 1942 (Month) (Day) (Year)

**(c) Place: burial or cremation** Richards Cemetery

**18. (a) Signature of funeral director** Wm. Tinsley

**(b) Address** Nevada Missouri

**19. (a) July 6, 1942** (Date received for registration) **(b) Elizabeth Burkenside** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Vernon

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

(d) Street No. 820 N. Clay Street (If rural give location)

(e) If foreign born, how long in U. S. A.? 0 years

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month July day 4<sup>th</sup> year 1942 hour 2 minute A M.

**21. I hereby certify that I attended the deceased from** June 4, 1942, to July 4, 1942 that I last saw her alive on July 12, 1942 and that death occurred on the date and hour stated above.

**Immediate cause of death** Myocarditis

**Due to** Don't know

**Other conditions** Senility (Include pregnancy within 3 months of death)

**Major findings:** Of operations none Of autopsy none

**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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

**23. Signature** W. Love (M. D. or other) \_\_\_\_\_

**Address** Nevada, Mo **Date signed** 7/5/42

RECEIVED

District Health Officer No. 7,

District File Number 8-42-835

Date Filed 8-5-42

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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 Allen V. Long

Licensed Embalmer No. 1988

P. O. Address Nevada

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.