

FILED FEB 7 1945  
**286**

**4424**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: **Peck**  
 (a) County: \_\_\_\_\_  
 (b) City or town: **Humansville Mo.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: **45 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME: **ELSIE H. SIMRELL**  
 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: **William A. Simrell** 6. (c) Age of husband or wife if alive: **69** years  
 7. Birth date of deceased: **Feb. 21, 1888**  
 (Month) (Day) (Year)

8. AGE: Years: **55** Months: **11** Days: **10** If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: **Cedar Co. Mo. 1**  
 (City, town, or county) (State or foreign country)

10. Usual occupation: **hous. wife**

11. Industry or business: **own home**

MOTHER FATHER { 12. Name: **Wm B. Hamlett**  
 13. Birthplace: **Henderson Co. Tenn.**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: **Mary A. Reed**  
 15. Birthplace: **Augusta Ga. 1**  
 (City, town, or county) (State or foreign country)

16. (a) Informant: **W. A. Simrell**  
 (b) Address: **Humansville Mo.**

17. (a) **Burial** (b) Date thereof: **Feb. 2, 1944**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director: **W. A. Simrell**  
 (b) Address: **Humansville Mo.**

19. (a) **Jan. 3, 1944** (b) **Ora M. Rich**  
 (If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: **Missouri** (b) County: **Peck 84**  
 (c) City or town: **Humansville Mo. 0**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **Jan** day: **31**  
 year: **1944** hour: **4** minute: **00** P.M.

21. I hereby certify that I attended the deceased from **Jan 21**, 1944, to **Jan 31**, 1944;  
 that I last saw her alive on **Jan 24**, 1944;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Cancer of left Breast.**

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: **50**  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: **2**

23. Signature: **Dr. E. D. Brown** (M.D. or other) **D.O.**

Address: **Collins Mo.** Date signed: **2-1-44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2  
2-43  
7-39  
K35897

1188

MAR 3 1944

RECEIVED

District Health Officer No. 7

District File Number 1-44-59

Date Filed 2-4-44

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.....

*by me*

Registered Apprentice No.....

working under my personal supervision.

Signed *E. H. [Signature]*

Licensed Embalmer No. 4282

P. O. Address Humansville

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.