

Registration District No. **47** Primary Registration District No. **3008**

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Sulphur
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp # 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 M. Hospital
(Specify whether
In this community 1 M - 16 d
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monteale
(c) City or town High Point 3
(If outside city or town limits, write "RURAL") 2
(d) Street No. 70
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Alice Crump
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 4
year 1945 hour 9 minute 9 M.
21. I hereby certify that I attended the deceased from 10-18-1945 to 12-4-1945
and that I last saw her alive on 12-4-1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 21 years 1879
7. Birth date of deceased 21 (Month) 1879 (Day) (Year)

Immediate cause of death Mycocarditis
Due to Arteriosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) 93e
Major findings: Autopsy
Or operation Institution due to Psychosis
Of autopsy Contributory Immediate

8. AGE: Years 66 Months 2 Days 13
If less than one day _____ hr. _____ min.

9. Birthplace High Point Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Hugh P. Simpson
13. Birthplace High Point Mo
(City, town, or county) (State or foreign country)
14. Maiden name Sappara Jane Nance
15. Birthplace High Point Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Record
(b) Address _____

17. (a) BURIAL (b) Date thereof 12-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation High Point Cemetery

18. (a) Signature of funeral director James D. Phillips
(b) Address Cedar, Mo.

19. (a) 12-4-1945 (b) James Monteale
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____
23. Signature George A. Reese (M. D. or _____)
Address High Point Mo Date 12-4-45

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

1-12-46

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.....

L. D. Phillips

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis D. Phillips

Licensed Embalmer No.....

3663

P. O. Address.....

Bedford

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.