

REC'D AUG 10 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

26272  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County Pulaski Registration District No. 711  
 (b) Township Union Primary Registration District No. 5940 Registered No. 40  
 (c) City Near Hancock (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Eugene Simpson

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) X  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1938  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. X  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0FATHER 13. NAME Leo Simpson 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0MOTHER 15. MAIDEN NAME Irene Long16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Leo Simpson  
Hancock, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Seaton DATE Aug. 5, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred H. Gilbert  
Dixon, Missouri20. FILED Aug. 9, 1938 A. S. Lick  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5, 19 38

22. I HEREBY CERTIFY, That I attended deceased from August 4, 1938 to August 4, 1938  
 I last saw him alive on August 4, 1938. Death is said to have occurred on the date stated above, at 12:30 pm.  
 The principal cause of death and related causes of importance were as follows:

Pre-maturity

Date of onset

Other contributory causes of importance: 154

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) A. K. W. Morgan, M. D.\_\_\_\_\_, (Address) Dixon, Mo.

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**