

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

9452
Do not use this space.

REC'D APR 17 1939

1. PLACE OF DEATH
 (a) County Jackson 3 Registration District No. 399
 (b) Township Jackson Primary Registration District No. 1007
 (c) City Jackson City 1 (d) Street No. 4023 Street St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 512 Mrs. Jennie B. Simpson
 2. PRINT FULL NAME
 (a) Residence, No. 1702 Elmwood 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 fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. R. Simpson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1847
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
91 10 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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) Charleston city Indiana
 FATHER 13. NAME Uriah B. Shelton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 MOTHER 15. MAIDEN NAME Mary A. Hammond
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT (ADDRESS) Homer J. Simpson 1702 Elmwood
 18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE March 9 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newcomer Jones Brushcreek & Paces
 20. FILED Mar 8, 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1939, to 3-6, 1939
 I last saw her alive on 3-6, 1939. Death is said to have occurred on the date stated above, at 8 A. m.
 The principal cause of death and related causes of importance were as follows:
Senility Muscular Paralysis (Progressive) Date of onset 3-2-39
Acute Bronchitis
81 a
 Other contributory causes of importance:
 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? no
 If so, specify.....
 (Signed) Amey E. Brown, M. D.
 (Address) 2637 E-29 Kansas City Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

639 23411

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..... *R. C. Newcomer Jr.*

Licensed Embalmer No. *404311*

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.