

JUN 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24491

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Audrain
 (b) City or town Mexico
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Audrain County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 (Specify whether
 In this community 6 days
 years, months or days)

3. (a) PRINT FULL NAME John Franklin Simpson 517

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 12, 1940
 (Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name James R. Simpson

18. Birthplace Callaway County, Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Georgia Mae Hoover

15. Birthplace North Carolina
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. R. Simpson

(b) Address Martinsburg, Mo. R#2

17. (a) Burial (b) Date thereof July 15, 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty

18. (a) Signature of funeral director W. C. Cressler

(b) Address Mexico, Missouri

19. (a) July 13 1940 (b) Blanche Neely
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway
 (c) City or town R # 2 Martinsburg
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
 year 1940 hour 2:30 minute 7 M.

21. I hereby certify that I attended the deceased from July 9, 1940 to July 14, 1940
 that I last saw him alive on July 13, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death 194 Diarrhea + Enteritis Duration 2 wks

Due to Malnutrition improper food

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 114 Ps

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. C. Cressler (M. D. or other) MD
 Address Mexico Date signed 7/14/40

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

Rev. 5-17-39 I X1931

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.

RECEIVED

District Health Officer No. 10

District File Number 8-40-1512

Date Filed AUG 8 1940

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 *Chris Arnold*

Licensed Embalmer No. 3569

P. O. Address *Mexico, Mo.*

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.