

4-12-40
5-17-39
I X23159

Registration District No. 334

Primary Registration District No. 4197

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

1. PLACE OF DEATH Harrison
(a) County Bethany
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 5 1/2

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison
(c) City or town Bethany
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 20
year 1940 hour 5 1/4 minute 8 M.
21. I hereby certify that I attended the deceased from 7-3-40
_____ 1940, to 7-12 1940
that I last saw h.c.r. alive on 7-12 1940
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. (b) Name of husband or wife Horner Simpson 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased: Oct 30 1877
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction
Due to Generalized carcinoma of stomach Duration 1 yr.
Due to Cancer of stomach (body) Duration 2 yrs.
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____ 4 1/2
Of autopsy _____

8. AGE: Years 62 Months 8 Days 20 If less than one day _____ hr. _____ min.
9. Birthplace Stoddard Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
MOTHER FATHER { 12. Name Wm Fischer 6
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Malinda Black
15. Birthplace Indiana (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Horner Simpson
(b) Address Bethany Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Morris Chapel
18. (a) Signature of funeral director Joe E. Wheeler
(b) Address Bethany Mo
19. (a) 7-23-40 (Date received local registrar) (b) A. P. Weisling (Registrar's signature)

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?
302 _____ (Specify type of place) While at work? _____ (e) Means of injury _____
23. Signature H. R. Ladden, Jr. (M. D. certifier) !
Address Bethany, Mo Date signed 7-22-40

RECEIVED

District Health Officer No. 11,

District File Number 840-1055

Date Filed AUG 3 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.....

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, fact should be so stated above.