

S. No. 2
11-10-36
7. 5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27972

State File No.

Registrar's No.

870

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1719 South 8th, St. 2
(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

3. (a) PRINT FULL NAME Denver H. McSequal Simpson

3. (b) If veteran, name war _____
3. (c) Social Security 419-109-1891

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: 10 (Month) 2 (Day) 1896 (Year)

8. AGE: Years 43 Months 10 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Lexington, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business Union Depot, St. Joseph.

MOTHER FATHER { 12. Name John Simpson

13. Birthplace: Richmond, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ella Jennor

15. Birthplace Natches, Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant John Simpson

(b) Address 1719 South 8th, St.

17. (a) Burial (b) Date thereof 8 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland

18. (a) Signature of funeral director Graves Funeral Home

(b) Address 806 South 17th, St.

19. (a) Aug 10 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1719 South 8th, St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th
year 1940 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 4 1940 to Aug 7 1940
that I last saw him alive on Aug 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris

Due to: CC. Gastroenteritis

Other conditions: Hunchback
(Include pregnancy within 3 months of death)

Major findings: Of operations no 940
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no

(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?
85 _____
(Specify type of place) _____

23. Signature [Signature] (M. D. or other) _____
Address 1908 Messam St Date signed 10 Aug 1940

Duration 1/2 h
5 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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 Me

, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 948

P. O. Address St. Joseph

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.