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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr. White  
State File No. 35363  
Registrar's No. 885

RECORDED NOV 12 1940

Registration District No. 318 Primary Registration District No. 2001

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution 862 S. National  
(d) Length of stay: In hospital or institution. 2  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(d) Street No. 862 S. National  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

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

20. DATE OF DEATH: Month Oct. day 31  
year 1940 hour 6:00 minute A. M.

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

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on Oct 31, 1940  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Anna Rebecca Border Simpson  
6. (c) Age of husband or wife if alive 25 years  
7. Birth date of deceased March 6 1870  
(Month) (Day) (Year)

Immediate cause of death  
Cerebral Sclerosis

8. AGE: Years 70 Months 7 Days 25  
If less than one day hr. min.

Due to generalized arteriosclerosis

9. Birthplace Victor Iowa  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation Retired teacher and Carpenter

Under conditions (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

12. Name George Isaac Simpson

Of autopsy \_\_\_\_\_

13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Smith

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

16. (a) Informant Mrs. Luther W. Smith  
(b) Address Route # 3 Springfield, Mo.

17. (a) Burial (b) Date thereof Nov. 4 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galloway, Missouri

18. (a) Signature of funeral director H. H. Lohmeyer  
(b) Address Springfield, Mo.

19. (a) 11-4-40 (b) W. E. Haudley M.D.  
(Date received local registrar) (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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature W. E. Haudley M.D. (M. D. or other) \_\_\_\_\_  
Address Corner Greene County Date signed 11-2-40

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

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

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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 the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**