

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43598

State File No.

Registration District No. 4631

Primary Registration District No. 725

Registrar's No.

1. PLACE OF DEATH:

(a) County. Ralls  
(b) City or town. Center  
(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 2  
In this community. Practically all of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Alexendria Simpson

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of ~~husband~~ or wife Jennie L. Simpson 6. (c) Age of ~~husband~~ or wife if alive 74 years

7. Birth date of deceased March 28 1853  
(Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Wilburn Marion Simpson  
13. Birthplace Pike County Missouri  
14. Maiden name Suslan McDaniel  
15. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie L. Simpson  
(b) Address Center, Mo.

17. (a) Burial (b) Date thereof Dec. 10, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Schlanker-Couch  
(b) Address Center, Missouri

19. (a) 12/10/40 (b) Giles R. Lure  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls  
(c) City or town Center  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8  
year 1940 hour 8 minute 5 p. M.

21. I hereby certify that I attended the deceased from Dec. 5, 1940 to Dec. 8, 1940  
that I last saw him alive on Dec. 8, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (Acute) Duration 5 days

Due to unknown

Due to unknown

Other conditions unknown  
(Include pregnancy within 3 months of death)

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 C. H. Smith (M. D. or other) D.  
Address Center, Mo. Date signed 12/9/40

RECEIVED

Sanitary Officer No. 10

Sanitary File Number 1-41-109

Date Filed JAN-13-1941

### 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

*Edgar B. Schlanter*

Licensed Embalmer No. 4136

P. O. Address *Center, Md.*

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.