

Registration District No. 821

Primary Registration District No. 4553

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston, Mo.

(c) Name of hospital or institution None
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community None Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott 100

(c) City or town Sikeston, Mo. 5
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location) 2

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Minnie M. Simpson

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 29, year 1940 hour 10:25 minute A M.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Osac Simpson

6. (c) Age of husband or wife if alive 1867 years

7. Birth date of deceased Sept, (Month) 1867 (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1, 1940, to Dec 29, 1940, that I last saw her alive on Dec 20, 1940, and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 3 Days 22 If less than one day hr. min.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis (possibly) Heart lesion Valvular

9. Birthplace Farmersburgh, Ind. (City, town, or county) (State or foreign country)

10. Usual occupation House work

Other conditions (Include pregnancy within 3 months of death) 92d

11. Industry or business _____

12. Name Clinton Clark

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

14. Maiden name Sarah ????? (City, town, or county) (State or foreign country)

15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

Major findings: Of operations _____ Of autopsy _____

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

16. (a) Informant Paul Simpson

(b) Address Sikeston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec, 30, 40 (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

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? _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2-3-1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

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

23. Signature [Signature] (M. D. or other) 1

Address _____ Date signed _____

RECEIVED
District Health Officer No. 2
District File Number 241-233
Date Filed 2/11/41

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.

Not Embalmed

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.