

APR 9 1941  
Registration District No. 70

Primary Registration District No. 5633

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mount Vernon, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1919 days  
(Specify whether  
In this community 1919 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon  
(c) City or town Wilderness  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 th  
year 1941 hour 12:55 minute a M.

21. I hereby certify that I attended the deceased from  
Dec. 8th 1935 to March 11 1941  
that I last saw him alive on March 10th 1941  
and that death occurred on the date and hour stated above.  
Immediate cause of death About 6 years

Pulmonary Tuberculosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 12/12/1  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature W. P. Coffman (M. D. or other) W.P.  
Address Wilderness Mo Date signed 3/11/41

3. (a) PRINT FULL NAME Dewie 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 Single

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 8th 1920  
(Month) (Day) (Year)

8. AGE: Years 20 Months 5 Days 2 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Student

11. Industry or business X

12. Name Grover Franklin Simpson

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

14. Maiden name Ruth Haynes  
15. Birthplace New Liberty Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant El. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Removal (b) Date thereof 3/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilderness Mo

18. (a) Signature of funeral director Geo. B. Orr Oregon Co 42 (Specify type of place)  
(b) Address Mount Vernon Mo While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

(c) Signature W. P. Coffman (M. D. or other) W.P.

19. (a) 3-11-1941 (b) P. A. Holmes (Registrar's signature) Address Wilderness Mo Date signed 3/11/41

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

0051

RECEIVED

District Health Officer No. 6,

District File Number 441-548

Date Filed APR 5 1941

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

**If this body is not embalmed, above space should be left blank.**