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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1941

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

11880
State File No.

Registration District No. 761 Primary Registration District No. 6002 Registrar's No. 8

3000

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

**1. PLACE OF DEATH:**
(a) County St Clair
(b) ~~City or town~~ Rural appleton Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 M East 2 M north appleton City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 35 yrs

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County St Clair 73
(c) City or town appleton city Mo 1
(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.? 0 years.

3. (a) PRINT FULL NAME CHARLES FREDRICK SIMPSON

3. (b) If veteran, name war None

3. (c) Social Security No. 499-18-6679

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ella Lowe

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Apr (Month) 1 (Day) 1883 (Year)

8. AGE: Years 57 | Months 9 | Days 8 | If less than one day ___ hr. ___ min.

9. Birthplace Adrian (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name MILTON B. SIMPSON
13. Birthplace Coon Valley (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name MATTIE E. LEE
15. Birthplace Butler (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Frank Lee
(b) Address Appleton City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR 11-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Appleton City Cem

18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo

19. (a) Mar. 10 1941 (Date received local registrar) (b) Mrs. Ollie Abney (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar day 9 year 1941 hour 12 — minute P M.

21. I hereby certify that I attended the deceased from July 1, 1935 to Mar. 9, 1941; that I last saw him alive on Mar 9, 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Bronchopneumonia | |
| Uremia | |
| Due to | |
| Due to 107 | |
| Other conditions (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? 8 36
While at work? (Specify type of place) (e) Means of injury

23. Signature R. L. Hanson (M. D. or other) M.D.
Address Appleton City Date signed 3-10-41

(Licensed Embalmer's Statement on Reverse Side)

## 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~~ _____ On the 10th day of Mar 1941, Registered Apprentice No. _____ working under my personal supervision.

Signed R. Denton Lisle

Licensed Embalmer No. 4123

P. O. Address Butler, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

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