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FILED JUL 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22442

Registration District No. 695 Primary Registration District No. ~~60~~ 5922 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Platte

(b) ~~City or town~~ Rural Pettis Mon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Platte 83

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2½ mi N.E of Parkville 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Lydia Alice Simpson

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased June (Month) 18 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	10	10	hr. min.

9. Birthplace Parkville (City, town, or county) O Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Geo W. Noland
13. Birthplace (City, town, or county) O Missouri (State or foreign country)

MOTHER
14. Maiden name Ida D. Noland
15. Birthplace (City, town, or county) O Missouri (State or foreign country)

16. (a) Informant Aaron Simpson
(b) Address Parkville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April (Month) 30 (Day) 41 (Year)
(c) Place: burial or cremation Parkville

18. (a) Signature of funeral director Leland H Francis
(b) Address Parkville Mo

19. (a) 6-29-41 (Date received local registrar) (b) S. P. Ford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1941 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from April 4, 1941, to April 28, 1941;
that I last saw her alive on April 28, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Chronic Myelogenous Leukemia

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

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23. Signature Underwood (M. D. or other)
Address Parkville Mo Date signed 6/27/41

(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 Me

, Registered Apprentice ~~No.~~ 3

working under my personal supervision.

Signed Leland F Franci

Licensed Embalmer No. 3451

P. O. Address Parkville M

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, above space should be left blank.