

Registration District No. **349**

Primary Registration District No. **1002**

Registrar's No. **2550**

48
2963
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Kansas City Convalescent Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
 In this community 5 years 4 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 87 1/2 Westington
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James Franklin Simpson
3. (b) If veteran No **3. (c) Social Security** No
 name war No No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 5
 year 1941 hour 16 PM minute _____ M.
21. I hereby certify that I attended the deceased from March 15 1941 to July 5 1941
 that I last saw him alive on July 5 1941
 and that death occurred on the date and hour stated above.

4. Sex Male **5. Color or race** Wht.
6. (a) Name of husband or wife Mary Simpson **6. (b) Single, widowed, married, divorced** married
7. Birth date of deceased: Sept 12 1866
 (Month) (Day) (Year)

Duration
Pneumonia 4 days
Due to Cold - Hypertension & Arteriosclerosis
Due to _____

8. AGE: Years 74 Months 9 Days 23 If less than one day _____ hr. _____ min.
9. Birthplace Louisville, Kentucky
 (City, town, or county) (State or foreign country)

Other conditions _____
 (Include pregnancy within 3 months of death)
Major findings: 107
 Of operations _____
 Of autopsy _____

10. Usual occupation Retired Farmer
11. Industry or business _____
12. Name John Logan Simpson
13. Birthplace Kentucky
 (City, town or county) (State or foreign country)
14. Maiden name Katherine
15. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

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) (Means of injury)

16. (a) Informant Mary Simpson
(b) Address 87 1/2 Westington, K.C., Mo.
17. (a) Burial Burial **(b) Date thereof** July 7 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Justin, Mo.
18. (a) Signature of funeral director Costs & Speaks
(b) Address Independence, Mo.
19. (a) 1-6-41 **(b) M. M. Crowe**
 (Date received local registrar) (Registrar's signature)

23. Signature W. Martin (M. D. or other) D.
Address 5327 E 24th **Date signed** 7-6-41

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.

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.