

FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

31138  
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89  
 (b) Township Ash Hill Primary Registration District No. 5131  
 (c) City 3 1/2 mi. SW of Oulin (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dan Simpson

(a) Residence, No. 3 1/2 Southwest of Oulin St. Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Roda Simpson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
89 5 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Johnson County  
 (STATE OR COUNTRY) Illinois

13. NAME Un-known

14. BIRTHPLACE (CITY OR TOWN) Un-known  
 (STATE OR COUNTRY)

15. MAIDEN NAME Un-known

16. BIRTHPLACE (CITY OR TOWN) Un-known  
 (STATE OR COUNTRY)

17. INFORMANT Leo Simpson  
 (ADDRESS) Oulin, Missouri

18. BURIAL, CREMATION, OR REMOVAL Taylor Cemetery  
 PLACE S.E. of Essex DATE Sept. 10, 1941

19. FUNERAL DIRECTOR (NAME) F. W. Landess  
 (ADDRESS) Cambell, Mo.

20. FILED 9-25-41 19 Belle Kinne  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 9, 1941

22. I HEREBY CERTIFY, That I attended deceased from 9-3-41, 19\_\_\_\_, to 9-9-41, 19\_\_\_\_  
 I last saw him alive on 9-4-41, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Degeneration  
Acute Rheumatism  
 Date of onset 2 weeks

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) J. A. Filbert  
 (Address) Belle Mo.

Every item of information should be accurately supplied. ACH should be stated accurately. Information should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Office No. 2,

District File Number 1041-1389

Date Filed 10/8/41

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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.**



1941

S-31138