

FILED MAR 11 1947  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6202

State File No. \_\_\_\_\_

Registrar's No. 4

1. PLACE OF DEATH: Webster

(a) County \_\_\_\_\_

(b) City or town Seymour, Mo. Rural  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME RACHEL SIMPSON

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race Whr 6. (a) Single, widowed, married, divorced Wid

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

7. Birth date of deceased July 10 1857  
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John A. Simpson

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

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Williams

(b) Address Seymour, Mo

17. (a) Burial (b) Date thereof Feb 23-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hills Cemetery Co

18. (a) Signature of funeral director Kelley Fencil

(b) Address Seymour, Mo

19. (a) 2-23-47 (b) Hubert Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster <sup>112</sup>

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from on 2-21-42, 19\_\_\_\_; that I last saw her alive on 2-21-42, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic cardiac renal disease 2 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 12/a

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? \_\_\_\_\_

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

23. Signature Howard J. Meier (M. D. or other) Full

Address Fordland, Mo. Date signed 2-22-42

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

**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

*H. H. Kelley*

Licensed Embalmer No.

*3337*

P. O. Address

*Seymour, Mo*

**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.**