

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11205

Registration District No. 492

Primary Registration District No. 4299

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Lincoln

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community In this community  
years, months or days 1 2 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Winfield, Mo  
(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.? 0 years.

3. (a) PRINT FULL NAME JAMES WILLIAM SIMPSON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June 19 1861  
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 23 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name William Simpson

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

14. Maiden name Anna Juttie

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

16. (a) Informant William Simpson

(b) Address Winfield, Mo

17. (a) Burial (b) Date thereof March 14 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Prairie, Mo

18. (a) Signature of funeral director Wayne McCoy

(b) Address Troy, Mo

19. (a) 3-13-42 (b) Mrs. Susan Odum  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1942 hour 9:30 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from March 11, 1942 to March 17, 1942 that I last saw him alive on March 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death frangere of left foot due to infection and arteriosclerosis

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

Due to Old age

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 98:2

Of autopsy \_\_\_\_\_

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 J. J. Callavato (M. D. or other) \_\_\_\_\_

Address Winfield, Mo Date signed 9/13/42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

57  
0  
0

057  
0  
0

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filled.....

3  
2  
2  
2  
2

**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. 3586

P. O. Address. Tray No

**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.**