

FILED NOV 16 1942 255

Registration District No. Primary Registration District No. 5877

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Alton, Rural Piney Twp.
(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..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Alton (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Woodrow L. Simpson

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased July 15 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 3 10 hr. min.

9. Birthplace Oregon County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER { 12. Name Thomas J. Simpson
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cordelia Warren
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Warren T. Simpson

(b) Address Alton, Mo.

17. (a) Burial (b) Date thereof 10/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bailey Cemetery

18. (a) Signature of funeral director Rev. Carr

(b) Address Thayer, Mo.

19. (a) Nov 12 1942 (b) Henry M. Wilson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25
year 1942 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Bled to death

Due to Severed right common carotid and right external and internal juglar.

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations 1642
Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Oct. 25, 1942

(c) Where did injury occur? Oregon Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home on farm

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

23. Signature: Rev. Carr (M.D. or other) 3
Address: Thayer, Mo. signed 10/25/42

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

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RECEIVED

District Health Officer No. 5,

District File Number 11421010

Date Filed 11-16-42

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.