

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31883**

ED. OCT. 13 1943
Registration District No. **7**

Primary Registration District No. **3028**

Registrar's No. **170**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
701 E. 6th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **2 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jasper**
(c) City or town **Carthage 647**
(If outside city or town limits, write "RURAL")
(d) Street No. **701 E 6th** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Clarence Alvin Simpson**

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

4. Sex **male** 5. Color or race **colored** 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 **Sept 3 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 2 hr. min.

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

10. Usual occupation **at home**

11. Industry or business **---**

12. Name **Albert Simpson**

13. Birthplace **Lebanon Mo** (City, town, or county) (State or foreign country)

14. Maiden name **Bertha Barrett**

15. Birthplace **Carthage Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Albert Simpson**

(b) Address **701 E. 6th - Carthage, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept 7 1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Cedar Hill Cemetery Knell Mortuary**

18. (a) Signature of funeral director..... **Carthage, Mo.**
(b) Address

19. (a) **Sept 7 '43** (Date received local registrar) (b) **E. Elizabeth Couplin** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **5** year **1943** hour **6** minute **0** M.

21. I hereby certify that I attended the deceased from 19... to 19... that I last saw him **did not see him alive** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure**

Due to **Trauma Oral**

Due to.....

Other conditions (Include pregnancy within 3 months of death) **1572**

Major findings: Of operations.....
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?

23. Signature **P. H. Wadley** (Specify type of place) **Coroner**
Address **Carthage Mo** Date signed **Sept 6 1943**

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

MOTHER FATHER

43-9-849

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 Emm L. Kneel

Licensed Embalmer No. 397

P. O. Address Carthage

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.