

FILED FEB 3 1944  
Registration District No. 1002

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

Primary Registration District No. 1002

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
In this community Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4830 E. 16 St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Simpson

3. (b) If veteran, name war No 3. (c) Social Security No. 710

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 8 1860  
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Carpenter

MOTHER FATHER

12. Name Samuel Simpson  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Sarah Warren

(b) Address 10016 W. 16th Road

17. (a) Burial (b) Date thereof 11/2/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Hill Cem.

18. (a) Signature of funeral director Frank Funeral Home

(b) Address 15th & Jackson

19. (a) Jan 18, 1944 (b) J. B. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10 year 1944 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from January 5, 1944 to January 10, 1944 that I last saw him alive on January 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia - Empyema - Thoracis Duration \_\_\_\_\_

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

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

Other conditions 108  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy See above

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) (b) Means of injury \_\_\_\_\_

23. Signature A. E. Upcher M.D. (M. D. or other)  
Address Med. Dir. Gen'l Hosp. 1-11-44  
Date signed \_\_\_\_\_

**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. 2955

P. O. Address. Kansas City

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**