

FILED FEB 8 1944
Registration District No. 2144

Primary Registration District No. 3052

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 212 E. Cooper
(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 Mo (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 212 E. Cooper
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME LILLIAN SIMPSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day Jan
year 44 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from 1/1
1944 to 1/16 1944
that I last saw her alive on 1/12 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Charles

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 6 (Month) 19 (Day) 1877 (Year)

Immediate cause of death: Cardiac Arrest
with Decomposition

Due to Vegetable Decease

Due to _____

Other conditions: 112
(Include pregnancy within 3 months of death)

8. AGE: Years 66 Months 6 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Nelson Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business Self

MOTHER FATHER

12. Name Babe Napier

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

14. Maiden name Mrs. Warner

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

16. (a) Informant Charles Simpson

(b) Address 212 E Cooper St

17. (a) Burial (b) Date thereof 1-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glennwood Cemetery

18. (a) Signature of funeral director J. D. Ferguson

(b) Address 117 E. Jefferson St

19. (a) 1/17/44 (b) Mrs. Anna Singer
(Date received local registrar) (Registrar's signature)

Major findings: 112
Of operations _____

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) (c) Means of injury _____

23. Signature M. D. Cooney (M. D. Cooney)
Address 115 1/2 W. Main Sedalia Mo Date signed 1/16/44

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

FEB 10 1944

RECEIVED

District Health Officer No. 8,

District Health Number

Filed

27-44

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 *F. D. Ferguson*

Licensed Embalmer No. *2172*

P. O. Address *Sadalia*

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.