

S. No. 2
4-9441
5-17-39
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8014

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 13 1944

Registration District No. 279

Primary Registration District No. 5956

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: Calumet Hosp
(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 Pike

(c) City or town Near Clarksville Mo
(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 Charlie Simpson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1944 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 27 1943 to Feb 27 1944
that I last saw him alive on Feb 27 1944
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sarah Elizabeth Simpson

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased (Month) Dec (Day) 27 (Year) 1858

Immediate cause of death Chronic nephritis and uremia

Due to General Arterio-sclerosis

Due to Age

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

Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years 85 Months 7 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____

12. Name Thomas Simpson

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

14. Maiden name Jane Ruffalo

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

1312

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Henry Richardson

(b) Address Canada Mo

17. (a) _____ (b) Date thereof (Month) _____ (Day) _____ (Year) _____

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Harry Larrows

(b) Address Clarksville Mo

19. (a) Mar 2 1944 (b) Maudie M. Patton (Date received local registrar) (Registrar's signature)

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 E M Bartlett (M. D. number) _____
Address Clarksville Mo Date signed 3/28/44

1364 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 3-44-594

Date Filed MAR 10 1944

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Ronald O. Yahrke

Licensed Embalmer No. B917

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.