

FILED APR 7 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1346

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:
710 Elmwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 23 Years 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. 710 Elmwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th,
year 1944 hour 12 minute 50 A. M.
21. I hereby certify that I attended the deceased from Feb
1944, to 5 Feb. 27, 1944;
that I last saw her alive on March 24, 1944
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Katherine I. Simpson

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

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Joseph Simpson 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased July 11 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 13 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name John Bledsoe

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

14. Maiden name Susan Kelley

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

16. (a) Informant Mrs Louise Glover

(b) Address 710 Elmwood Ave

17. (a) Burial (b) Date thereof 3/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa Mo.

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

(b) Address 4139 East 15th. St

19. (a) 3-25-44 (b) A. E. Brown
(Date received local registrar) (Registrar's signature)

Immediate cause of death Admission of
Carcinoma of the Lung

Duration _____

Due to _____

Due to _____

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

Major findings: Bronchialy and
Of operations Cyano or spon hospital
Of autopsy no

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) (e) Means of injury _____

23. Signature E. W. Kelly (M. D. or other) _____

Address 402 Wash St Date signed 3-26-44

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

MOTHER FATHER

Dr. Kelley
402 Wabash

OCT 8 1953

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 *John B. Camp*
Licensed Embalmer No. *2455-*
P. O. Address *K.C. Mo*

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.