

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20877**
Registrar's No. **2523**

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

FILED JUN 29 1944 49
Registration District No. **1002**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City, Mo.**
(c) Name of hospital or institution: **Research Hospital**
(d) Length of stay: **7 days**
In this community **7 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Jackson**
(c) City or town **N. Kansas City, Mo. - Foxwood 16**
(d) Street No. **Foxwood 16**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **VIRGINIA Helen SIMPKINS**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**
4. Sex **F** 5. Color or race **W**
6. (b) Name of husband or wife **ROY LEE SIMPKINS**
7. Birth date of deceased **Dec 25 1920**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **14** year **1944** hour **2** minute **PM**
21. I hereby certify that I attended the deceased from **1930** to **June 14 1944**
that I last saw her alive on **June 14** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	23	5	21	19 hr. min.

Immediate cause of death **Eclampsia of Pregnancy** Duration **10 days**
Due to **1480**
Due to **Delivery June 8 1944**
Other conditions **Diabetic Mellitus** **15 yrs.**
Major findings of operations **Caesarean Section**
Of autopsy **none**

9. Birthplace **La Plata, Mo.**
10. Usual occupation **Housewife**
11. Industry or business
12. Name **Ray C. G. Hedgecove**
13. Birthplace **La Plata, Mo.**
14. Maiden name **Thompson Ruby**
15. Birthplace **La Plata, Mo.**

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

16. (a) Informant **Husband**
(b) Address **Foxwood 16, N. X. C. - Mo.**
17. (a) **Removal** (b) Date thereof **6-14-44**
(c) Place: burial or cremation **Marceline Mo.**
18. (a) Signature of funeral director **D. H. Newcome Sr.**
(b) Address **1401 Birch Creek KC**
19. (a) **6-14-44** (b) **J. E. Brown (No)**

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? _____
(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 **Donald Black M.D.** (M. D. or other) **0 12 N**
Address **2nd Prof. Bldg. K.C. Mo.** Date signed **6-14-44**

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..... *GC Woelker*

Licensed Embalmer No. *1767*

P. O. Address *KC 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.