S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

33920
State File No.

FILED NOV 10 1944
Registration District No.

Primary Registration District No. 3010

Registrar's No. 341

**1. PLACE OF DEATH:**
(a) County Cape
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 7 days
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Pemiscot 78
(c) City or town ~~Netherlands~~ Netherlands
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Luther R. Simpson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jewell Simpson
6. (c) Age of ~~husband~~ or wife if alive 32 years
7. Birth date of deceased April (Month) 13 (Day) 1907 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 37 | 6 | | hr. min. |

9. Birthplace Jackson County (City, town, or county) Ark (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James Simpson
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Billie Jean Simpson
(b) Address Netherland, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation Canthersville Mo
18. (a) Signature of funeral director Wardell, Funeral Home
(b) Address Wardell, Mo
19. (a) 10-19-44 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 10 day 13
year 44 hour 7 minute P M.
21. I hereby certify that I attended the deceased from 10/7, 1944, to 10/13, 1944
that I last saw him alive on 10/13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death BRAIN TUMOR
Due to
Due to 57d
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Cape Girardeau Date signed 10/13/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1144-4546

Date Filed 11-7-44

JUL 8 1948

DEC 28 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville, 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.**