

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

FILED APR 23 1945  
149

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 3 wks  
(Specify whether)

In this community 30 years  
years, months or days

3. (a) PRINT FULL NAME John P. Simpson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Myrtle

6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased Sept 11 1882  
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 0  
If less than one day hr. min.

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

10. Usual occupation Conductor R.R. Co

11. Industry or business Retired

12. Name Thomas Simpson

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

14. Maiden name Leatha Payne

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

16. (a) Informant Baril Simpson

(b) Address 2305 Lawn

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 4/13/45  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Wm. Mayberry

(b) Address 2315 S. Grand

19. (a) 4-13-45  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2305 Lawn  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 11  
year 1945 hour 6:30 minute a M.

21. I hereby certify that I attended the deceased from Coroner, 1945, to 1945, 1945; that I last saw him alive on, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to Concussion of Brain  
(History of Sexual History)

Due to 185-4

Other conditions (Include pregnancy within 3 months of death) 185-4

Major findings: Of operations

Of autopsy no - history & injection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 23

(b) Date of occurrence 2-16-45

(c) Where did injury occur? 15th & Park KC, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place HIT ON HEAD

While at work? no (Specify type of place) (e) Means of injury Robbery

Signature John Walker 3  
(M. D. or other)

Address 1424 1/2 St Date signed 4-17-45

*D. Staves*

---

---

**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.....

Licensed Embalmer No.....

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.**