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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 21 1945
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3359

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years
(Specify whether 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. 1515 E. 24th St. Terrace
(If rural, give location)

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

3. (a) PRINT FULL NAME LEMUEL SIMPSON

3. (b) If veteran, name war None

3. (c) Social Security No. 490-16-3421

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
1945 year hour 5:15 p.m. minute _____ M.

21. I hereby certify that I attended the deceased from 8-3-45
_____, 19____, to 8-4-45, 19____;
that I last saw him alive on 8-4-45, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 5-4-02
(Month) (Day) (Year)

8. AGE: Years 43 Months 3 Days 0
If less than one day _____ hr. _____ min.

Immediate cause of death _____
Bilateral Lobar Pneumonia

Due to _____

Due to _____

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

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

10. Usual occupation Manager of Cafe

Major findings:
Of operations _____

Of autopsy _____

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

MOTHER FATHER { 11. Industry or business _____

12. Name Lemuel Simpson

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

14. Maiden name: Lula Miller
(City, town, or county) (State or foreign country)

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

16. (a) Informant Record Clerk

(b) Address Gen. Hosp. #2

17. (a) burial (b) Date thereof 8-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hatkins Bros

(b) Address 1729 Lydia

19. (a) 8-9-45 (b) Bernadine Holmes
(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) _____
_____ (Specify means of injury)

23. Signature G. O. Turner (M. D. or other) _____
Gen. Hosp. #2 R. C. No. 8-6-45
(Date signed)

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(Licensed Embalmer's Statement on Reverse Side)

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,
..... Registered Apprentice
.....
working under my personal supervision.

Signed

J. Manlove

Licensed Embalmer No. *3994*

P. O. Address: *2503 Highland*

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.