DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41517

FILED JAN 11 1946

Registration District No. ____ Primary Registration District No. 3028 Registrar's No. 245

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
802 E. 3rd St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 65 Years

2. USUAL RESIDENCE OF DECEASED: 49
(a) State Missouri (b) County Jasper
(c) City or town Carthage 3
(If outside city or town limits, write "RURAL")
(d) Street No. 802 E. 3rd St. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME William Lewis Simpson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella M. Thacker Simpson
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased June (Month) 6, (Day) 1865 (Year)

8. AGE: Years 80 Months 6 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace Christian Co., (City, town, or county) Ill. / (State or foreign country)
10. Usual occupation Ret'd. Farmer
11. Industry or business ____

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Ella Simpson
(b) Address 802 E. 3rd St., Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Arthur Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.
19. (a) 1-3-46 (Date received local registrar) (b) L B Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31, year 1945 hour 3:10 minute P. M.
21. I hereby certify that I attended the deceased from Sept, 1945, to Dec 31, 1945; that I last saw him alive on Dec 31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Prostate	12 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 5 R	
Of autopsy	

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 J E Byrd M.D. (M. D. or other)
Address Carthage Mo. Date signed 2-4-46

1458 (Licensed Embalmer's Statement on Reverse Side)

45-12-1002

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 Ed Lellmer

Licensed Embalmer No. 2222

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.