

FILED MAR 15 1946
Registration District No. **774**

Primary Registration District No. **3035**

Registrar's No. **87**

1. PLACE OF DEATH:

(a) County **Lafayette**
(b) City or town **Linsington**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **111 S. W. Blvd 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **70 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Lafayette 59**
(c) City or town **Linsington 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **111 S. W. Blvd. 2**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **COMMADOREA SIMPSON**

3. (b) If veteran, name war **—** 3. (c) Social Security No. **—**

4. Sex **MALE** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Cora Crews** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **Sept 13 1871**
(Month) (Day) (Year)

8. AGE: Years **74** Months **3** Days **2** If less than one day hr. min.

9. Birthplace **Marion Co. Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Gardener**

11. Industry or business

MOTHER FATHER { 12. Name **Elias Simpson**
13. Birthplace **va 1**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Reynolds**
15. Birthplace **va 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Cora Simpson**

(b) Address **Linsington MO**

17. (a) **Burial** (b) Date thereof **1-6-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Linsington MO**

18. (a) Signature of funeral director **Farrish S. Deugel**

(b) Address **Linsington MO**

19. (a) **3-11-46** (b) **Richard E. Embalmer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **3**
year **1946** hour **1** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **July 1945** to **Jan 3 1946**
that I last saw him alive on **Jan 3 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Due to **Chronic Myocarditis**
Due to **Atherosclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature **D. P. Taylor** (M. D. or other) **0**
Address **Linsington MO** Date signed **1/4/46**

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

5231

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-14-46

Page

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

J. W. McLean

Licensed Embalmer No.

2983

P. O. Address

Clouston 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.