

FILED MAY 13 1946

Registration District No. 165

Primary Registration District No. 4253

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

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

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson <sup>51</sup>

(c) City or town Chilhowee <sup>0</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 1 <sup>0</sup>  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No) <sup>0</sup>

If yes, name country .....

3. (a) PRINT FULL NAME RICHARD EDGAR SIMPSON

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

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

6. (b) Name of husband or wife MARTHA SIMPSON 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased 1 3 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>17</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business .....

12. Name Richard Simpson

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

14. Maiden name Silina Wall

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

16. (a) Informant Mrs. Martha Simpson

(b) Address Chilhowee Mo.

17. (a) Burial (b) Date thereof 4-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wall Cemetery

18. (a) Signature of funeral director Fred Wilkerson

(b) Address Clinton Mo.

19. (a) 4-22-46 (b) Mr. N. M. O'Hara  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1946 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from July  
1942 to April 20 1946

that I last saw him alive on April 19 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis Duration 6 yrs.

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death) .....

Major findings:  
Of operations .....

Of autopsy 106K

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? .....

23. Signature E. N. Robinson (M. D. or other) D.O.  
Address Chilhowee Date signed 4-22-46

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

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

12583

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**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..... *Fred Wilkerson* .....  
Licensed Embalmer No. *2478* .....  
P. O. Address..... *Clear* .....

**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.**