. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 20902

Registration District No. 172 Primary Registration District No. 5654 Registrar's No. 23

**1. PLACE OF DEATH:**

(a) County Lawrence

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

(c) Name of hospital or institution: Residence 1
(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 Native

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lawrence 55

(c) City or town Miller 0
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

(e) Citizen of foreign country? — 0 (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Albert Reed Simpson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

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 ____ years

7. Birth date of deceased 10 (Month) - 2 (Day) - 1874 (Year)

8. AGE: Years 71 Months 7 Days 29 If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Johnson Simpson
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Amanda Hudspeth
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Martha Simpson
(b) Address Miller Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-1946 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Round Grove

18. (a) Signature of funeral director Morris Leiman
(b) Address Miller Mo.

19. (a) ____ (Date received local registrar) (b) W. S. Burney (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 5 day 31 year 1946 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1, 1946, to May 5, 1946, that I last saw him alive on 5-31-1946, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 W. S. Burney (M. D. or other)

Address Miller Mo. Date signed 7-1-46

158 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 246-226
Date Filed JUL 9 1946

**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, E. R. Leimon

Licensed Embalmer No. 3297

P. O. Address Miller 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.**