

FILED AUG 5 1946
 Registration District No. 147 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
 (a) County JACKSON
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: GENERAL HOSPITAL NO. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 26 Days
 (Specify whether years, months or days) 67 yrs.

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. 1328 HIGHLAND
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JAMES SIMPSON
 3. (b) If veteran, name war NO 3. (c) Social Security No. 490-16-9885

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JULY day 22, year 1946 hour 10: minute 45 P. M.
 21. I hereby certify that I attended the deceased from JUNE 26, 1946, to JULY 22, 1946; that I last saw him alive on JULY 22, 1946; 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 WIDOWED
 6. (b) Name of husband or wife CARRIE ROBINSON SIMPSON
 6. (c) Age of husband or wife if alive 7 years
 7. Birth date of deceased DECEMBER 7, 1869
 (Month) (Day) (Year)

Immediate cause of death GENERALIZED ARTERIO-SCLEROSIS
LUETIC AORTITIS WITH ANEURYSM
TERMINAL BRONCH-PNEUMONIA WITH CONGESTION AND EDEMA
BILATERAL NEPHROSCLEROSIS

8. AGE: Years 76 Months 7 Days 15
 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 30
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace SHERMAN TEXAS
 (City, town, or county) (State or foreign country)

10. Usual occupation TEAMSTER

11. Industry or business _____

MOTHER FATHER
 12. Name ANDY JAMES SIMPSON
 13. Birthplace TEXAS
 (City, town, or county) (State or foreign country)
 14. Maiden name ANNIE
 15. Birthplace TEXAS
 (City, town, or county) (State or foreign country)

16. (a) Informant CARRIE ROBINSON SIMPSON (Wife)
 (b) Address 1328 Highland

17. (a) BURIAL (b) Date thereof 7-27-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director [Signature]
 (b) Address 1819 E. 15th St. Kansas City, Mo.
 19. (a) 7-27-46 (b) Heraldine 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?
 (Specify type of place) _____
 (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address GENERAL HOSPITAL NO. 2 Date signed 7/27/46

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.....

W. G. Johnson

Licensed Embalmer No. 4383

P. O. Address. 1819 E. 15th KC 21

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.