

No. 2  
12-45  
17-39  
X47070

Registration District No.

Primary Registration District No. 1002

Registrar's No.

FILED OCT 20 1946

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:  
ROOM 328 STOCK EXCHANGE BLDG. 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 30 YEARS (Specify whether years, months or days)

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. 1705 WYOMING STREET  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MR CRAIG D. SIMPSON

3. (b) If veteran, name war No

3. (c) Social Security No 497-26-7187

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

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

7. Birth date of deceased NOVEMBER 18 1884 (Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 26 If less than one day hr. min.

9. Birthplace LAWRENCEVILLE NEW YORK (City, town, or county) (State or foreign country)

10. Usual occupation YARDMAN

11. Industry or business NATIONAL LIVESTOCK Co.

12. Name JOHN B. SIMPSON

13. Birthplace LAWRENCEVILLE NEW YORK (City, town, or county) (State or foreign country)

14. Maiden name NELL MCCARTHY

15. Birthplace COUNTY COAK IRELAND (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) REMOVAL (b) Date thereof OCT-18-1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CAWKER CITY, KANSAS

18. (a) Signature of funeral director

(b) Address 1401 BROSCH CREEK BLVD

19. (a) 10-18-46 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 14<sup>TH</sup> year 1946 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Duration

Coronary Atherosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations \_\_\_\_\_

Of autopsy History & Inspection

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 \_\_\_\_\_

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 A.E. Usher (M.D.) 3500 Main Date 10/16/46

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

MOTHER, FATHER

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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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address. Kansas City, 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.**