

FILED JAN 28 1947

Registration District No.

Primary Registration District No. 5308

Registrar's No. 151

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Blackwater Twp
(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 25 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. South of Nelson RR
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN SIMPSON

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

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

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 24 years (Day) (Year)

7. Birth date of deceased Jan 24 1921
(Month) (Day) (Year)

8. AGE: Years 25 Months 10 Days 28 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Same

MOTHER FATHER

12. Name C. O. Simpson

13. Birthplace Wayne County Ky
(City, town, or county) (State or foreign country)

14. Maiden name May L. Baker

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

16. (a) Informant Geo. M. Simpson
(b) Address RR # 2 Nelson Mo

17. (a) Burial (b) Date thereof Dec. 24, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salt Fork Cemetery
(d) Signature of funeral director Hayes - Painter
(e) Address Pilot Home, Mo

19. (a) 12-24-46 (b) D. Cooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, 22
year 1946 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from October
1946 to Dec 22, 1946
that I last saw him alive on Dec 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of spine
Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)
A. B. Clark D.O., M.D.

Major findings: Of operations
Of autopsy 55 P
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 A. B. Clark D.O. (M. D. or other)
Address Blackwater Mo Date signed 12-23-46

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

RECEIVED

District Health Officer No. 8,

Licensee's Number _____

Date Filed 12-31-46

JUL 2 1947

STATE OF MISSISSIPPI, DEPARTMENT OF HEALTH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by Myself

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Miss

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.