

5-43
17-39
X36671

FILED JAN 12 1947

Primary Registration District No. **5874**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Wilderness King Twsp.
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon **7.5**

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

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

(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME Robert T. 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 Alsie Pigg 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Sept. 24 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 1 7 _____ hr. _____ min.

9. Birthplace Wilderness Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name P. L. Simpson

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

{ 14. Maiden name Willie M. Parvin

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

16. (a) Informant Artie Case

(b) Address Wilderness, Mo.

17. (a) Burial (b) Date thereof 11/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilderness Cem.

18. (a) Signature of funeral director Edland Carter
(b) Address Thayer, Mo.

19. (a) Dec 30 46 (b) Mrs W Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1946 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from Sept 13, 1946
Oct 4, 1946, to _____, 19____;
that I last saw him alive on Oct 4, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden death
Chronic Bronchitis

Duration 18 Mo
12 Mo

Due to _____

Due to _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy 112

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. T. Eudy (M. D. or other) **2**
Address Emminence, Mo. Date signed 11/14/46

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

RECEIVED

District Health Officer No. 5,

District File Number 14720

Date Filed 1-13-46

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.....

Licensed Embalmer No.....

P. O. Address:.....

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.