

S. No. 2
-12-45
-5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5938

FILED FEB 24 1947

Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 44

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 yrs, 10 mos., 22 days
In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington 94

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME DANIEL SIMPSON, JR.

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27
year 1947 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 5 1934 to Jan. 27 1947
that I last saw him live on Jan. 26 1947
and that death occurred on the date and hour stated above.

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: August 11 1907
(Month) (Day) (Year)

Immediate cause of death: Pulmonary Tuberculosis Duration 6 mos.

Due to _____

Due to _____

Other conditions: Arteriosclerosis 13 yrs.
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>5</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace: Nashville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER {

12. Name Daniel Lee Simpson

13. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Lena Robinson Brunley

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy None 13 B

Underline the cause to which death should be charged statistically.

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 1-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem., De Soto, Mo.

18. (a) Signature of funeral director Mothershead Funeral Home

(b) Address De Soto, Missouri

19. (a) 2-14-47 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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 0

23. Signature Raymond P. Docty (M. D. or other) _____
Address Farmington Date signed 2/27/47

289

(Licensed Embalmer's Statement on Reverse Side)

mo.

RECEIVED

District Health Officer No. 4
District File Number 247-263
Date Filed 2-21-47

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

J. Lee Motherhead

Licensed Embalmer No. 3531

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.