

FILED MAY 29 1947

Registration District No. 149 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: 2700 TRACY AVENUE  
KRESTWOOD REST HOME #4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-10-47  
(Specify whether years, months or days)

In this community 32 years

3. (a) PRINT FULL NAME MARK WYMAN SIMPSON

3. (b) If veteran, name war no

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. HENRIETTA R. SIMPSON

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased MARCH 23 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>1</u>	<u>28</u>	_____ hr. _____ min.

9. Birthplace CHATHAM, FOUR CORNERS, NEW YORK  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED SHOE MERCHANT

11. Industry or business GROUND GRIPPER, SHOES

MOTHER FATHER

12. Name JOSEPH E. SIMPSON

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

14. Maiden name ELIZABETH EVANS

15. Birthplace UNKNOWN NEW YORK  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. HENRIETTA SIMPSON

(b) Address 4242 COLLEGE AVENUE

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof MAY 24 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. W. NEWCOMER'S SONS

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 5-13-47 (Date received local registrar)

(b) Thelma Holmes (Registrar's signature)

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. 4342 COLLEGE AVENUE  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 21<sup>st</sup> year 1947 hour 9:40 minute P. M.

21. I hereby certify that I attended the deceased from 2-13-47 to 5-21-47, 19\_\_\_\_, and that death occurred on the date and hour stated above.

that I last saw him alive on 5-21-47, 19\_\_\_\_.

Immediate cause of death Cerebral Thrombosis

Due to Atherosclerosis, hypertension and Senility

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

Other conditions 836  
(Include pregnancy within 3 months of death)

Major findings: NONE

Of operations \_\_\_\_\_

Of autopsy NONE

Duration \_\_\_\_\_

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? \_\_\_\_\_

23. Sign. G. M. OSGOOD, M. D. (M.D. or other) \_\_\_\_\_

Address 915 Professional Bldg. Date signed 5-22-47

9/15  
Organizational Body

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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 *D. D. Nofsinger*

Licensed Embalmer No. *3938*

P. O. Address *Kansas City*

**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.**