FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 23 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21627

Registration District No. 209 | Primary Registration District No. 3843 | Registrar's No. 234

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days Hospt (Specify whether
In this community 8 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Monroe City (If outside city or town limits, write "RURAL")
(d) Street No. 428 South Chestnut (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rosa Harrison Simpson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry Simpson
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased January (Month) 4 (Day) 1884 (Year)

8. AGE: Years 68 | Months 5 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Oliver Harrison
13. Birthplace (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Harriet Huff
15. Birthplace (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Etta Reynolds
(b) Address Oak Grove Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Judes Monroe City
18. (a) Signature of funeral director Wilson & Son
(b) Address Monroe City Mo.
19. (a) 6-16-47 (Date received local registrar) (b) Dr E. M. Luckle (Registrar's signature) 149

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1947 hour 10 minute 15 A. M.
21. I hereby certify that I attended the deceased from June 1, 1947, to June 10, 1947 that I last saw her alive on June 10, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular Disease of Heart - Cancer of Lung	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
46F

PHYSICIAN
Underline the cause of 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 W P Birney (M. D. or other) M D
Address Hannibal Mo Date signed 6-16-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

SEP 29 1941

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 me

Registered Apprentice No.

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe 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.