

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town RURAL - So. Park Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
16 MI. S. E. OF PARIS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 43 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 69
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 16 MI. S. E. OF PARIS
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AGNES JANE 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 DAVID MITCHELL SIMPSON 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JAN 30, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 18 hr. min.

9. Birthplace MONROE Co., MO. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name ABNER WILSON
13. Birthplace VA. 1
(City, town, or county) (State or foreign country)
14. Maiden name MARY ELIZABETH GOYD
15. Birthplace MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant MITCHELL SIMPSON
(b) Address STAR ROUTE, SANTA FE MO

17. (a) BURIAL (b) Date thereof SEPT. 21, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation PLEASANT HILL CEM.

18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MO.

19. (a) SEPT. 11, 1947 (b) Elbert Baker, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 18
year 1947 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from Sept 18
2 to Sept 18 1947
and that death occurred on the date and hour stated above.
that I last saw her alive on Sept 18 1947

Immediate cause of death Chronic Myocarditis Duration 2 1/2

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 93-19

Major findings: Of operations _____ Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ed M. Wilson (M. D. or other) _____
Address PARIS, MO. Date signed 9-17-47

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

OCT-16-1947

RECEIVED
District Health Officer No. 10
District File Number 12-47-1425
Date Filed OCT. 14 1947

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 E. Bl. Agnew
Licensed Embalmer No. 4000
P. O. Address Paris, Missouri.

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.