. S. No. 2
DM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1947

Registration District No. 322

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33379

Primary Registration District No. 4772371

Registrar's No.

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community most of her life
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Stella Simpson
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race negro
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 February (Month) 23 (Day) 1883 (Year)

8. AGE: Years 64 | Months 6 | Days 23 | If less than one day hr. min.

9. Birthplace Marshall (City, town, or county) Mo. (State or foreign country)
10. Usual occupation house work
11. Industry or business

MOTHER FATHER
12. Name Isaac Simpson
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name Martha Wedges
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Rosa Neff
(b) Address Slater, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-'47 (Month) (Day) (Year)
(c) Place: burial or cremation Marshall Mo.
18. (a) Signature of funeral director Hill Brothers,
(b) Address Slater, Mo.
19. (a) Sept. 18, 1947 (Date received local registrar) (b) Mrs. Earl C. Metz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1947 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from ~~Sept. 17, 1947~~ to ~~Sept. 17, 1947~~ ; that I last saw h alive on ~~Sept. 17, 1947~~ ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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

23. Signature C. L. Lawless Coroner Saline Co. (M. D. or other)
Address Marshall Mo. Date signed 9-17-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 10-1-47

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 A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater

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.