

No. 2
-1/47
5-17-39

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 15 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37185

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1441

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Metho. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hrs
8 hrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan
(c) City or town Fanning
(If outside city or town limits, write "RURAL")
(d) Street No. Fanning
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FREDERICK W. 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 Etta Davies Simpson 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April 13 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation blacksmith

11. Industry or business Self

12. Name David Simpson

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

14. Maiden name Mary Nelson

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

16. (a) Informant Etta Simpson

(b) Address Fanning, Kansas

17. (a) removal (b) Date thereof 12-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fanning, Kansas

18. (a) Signature of funeral director E. J. Fair

(b) Address Troy, Kansas

19. (a) 12-4-47 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3
year 47 hour 3:30 minute 2 A.M.

21. I hereby certify that I attended the deceased from 12-1-47
19 to 12-3-47 19
that I last saw him alive on 12-3-47
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetic mellitus
Duration 5 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 E. B. Jenkins (M. D. or other)
Address Fanning, Mo Date signed 12-3-47

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

MOTHER FATHER

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. H. Kan

Licensed Embalmer No.....

3532

P. O. Address.....

Troy Kan

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.