

No. 2
12-45
-17-39
X47070

FILED DEC 22 1947

Registration District No. **112**

Primary Registration District No. **1000**

Registrar's No. **1480**

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. Methodist Hosp
(If not in hospital or institution, write street number or location)

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

In this community 10 da.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County Cleburn 25

(c) City or town Cameron
(If outside city or town limits, write "RURAL")

(d) Street No. 725-S - Walnut
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marion Arthur Simpson

3. (b) If veteran, name war No

3. (c) Social Security No. 495-09-6562

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Noa Simpson

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept 4 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>3</u>	<u>13</u>	hr. min.

9. Birthplace Broadhead Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Greenhouse worker

11. Industry or business _____

12. Name J. C. Simpson

13. Birthplace Knox Co. Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Jane Adams

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

16. (a) Informant Mrs. Marion Simpson

(b) Address Cameron, Mo.

17. (a) Burial (b) Date thereof 12-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron, Mo.

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron, Mo.

19. (a) 12-18-47 (b) B. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1947 hour _____ minute 10:40 P.M.

21. I hereby certify that I attended the deceased from Dec 8 to Dec 17 1947 that I last saw him alive on Dec 17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Lobar Pneumonia
Senile Dementia

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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)

(c) Means of injury _____

23. Signature Lucille Neudorff (M.D. or other) _____

Address St. Charles, Mo. Date signed 12/14/47

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

MOTHER FATHER

Dr. Knedorf
Thompson &
9th Class.

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

George P. Trammell

Licensed Embalmer No. *4425*

P. O. Address

307 1/2 Kent St

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.

Cameron, Mo