FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 23 1948

Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44760

Primary Registration District No. 6074

Registrar's No. 78

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Randolph Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 2 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Francois
(c) City or town: Esther
(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 .....

94
0
0

3. (a) PRINT FULL NAME: Walter M. Simpson
3. (b) If veteran, name war: WW I & WW II
3. (c) Social Security No. .....

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Jennie Dee Wilson
6. (c) Age of husband or wife if alive: 38 years
7. Birth date of deceased: June (Month) 12 (Day) 1900 (Year)

8. AGE: Years 47 | Months 6 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace: La Belle (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: School Teacher
11. Industry or business .....
MOTHER FATHER
12. Name: Harry B. Simpson
13. Birthplace: Dewitt (City, town, or county) Iowa (State or foreign country)
14. Maiden name: Ella McRimether
15. Birthplace: Knox Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs Chester Culber
(b) Address: LaBelle Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation: LaBelle Cem.
18. (a) Signature of funeral director: William Cook
(b) Address: Piedmont, Mo.
19. (a) 3-15-48 (Date received local registrar) (b) Esther Rudolff (Registrar's signature) 28900

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31 year 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from — , 19..., to — , 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Verdict of Coroners Jury "Death due To drowning, cause of
Due to: Drowning unknown"
Due to: 1436
~~Other conditions~~ (Include pregnancy, within 3 months of death): Body Recovered March 3, 1948, Big River,
~~Major findings~~ Of operations: Randolph Township.
Of autopsy: No

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: Apparently unknown
(b) Date of occurrence: Dec. 31, 1947 1944
(c) Where did injury occur? St. Francois Co. Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place, Big River (Specify type of place)
While at work? No (e) Means of injury: Drowning

23. Signature: Earl J. Miller Jr. (M. D. or other) Coroner
Address: Farmington, Mo Date signed: 3/4/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Health Officer No. 4
File Number 348-37
Filed 3-22-48

APR 27 1948

NOV. 1950

MAY 13 1948

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 Not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington, 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.