

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 2

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

**1. PLACE OF DEATH:**  
 (a) County... Jefferson  
 (b) City or town... Desoto  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
101 N. Fifth St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution... None  
(Specify whether)  
 In this community... 55 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State... Mo (b) County... Jefferson  
 (c) City or town... Desoto  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 101 N. Fifth St.  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Eddie Simpson  
 3. (b) If veteran, name war -  
 3. (c) Social Security No. -

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Jan day 3  
 year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced 2  
 6. (b) Name of husband or wife George W. Simpson  
 6. (c) Age of husband or wife if alive Deceased years  
 7. Birth date of deceased Nov 6 - 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 9 - 1948 to Jan 3 - 1948  
 that I last saw him alive on Jan 3 and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>74</u>	<u>1</u>	<u>27</u>	_____ hr. _____ min.

Immediate cause of death Essential Hypertension  
 Duration 2 yrs

9. Birthplace Fremont Mo  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Coronary Disease  
(Include pregnancy within 3 months of death)

10. Usual occupation at home

Major findings: 94%  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name O. B. Johnson  
 13. Birthplace Jefferson Co - Mo  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Ann Manes  
 15. Birthplace Jefferson Co Mo  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence Jan 3 1948  
 (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)  
 Means of injury 2  
 23. Signature Chas E. Felt (M. D. or other) \_\_\_\_\_  
 Address Desoto Mo Date signed 1/6/48

16. (a) Informant Eddie Simpson  
 (b) Address 101 N. Fifth - Desoto Mo  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1948  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Warr Mo  
 18. (a) Signature of funeral director W. H. Matherial  
 (b) Address Desoto Mo  
 19. (a) 1/10/48 (Date received local registrar) (b) Marie Parry (Registrar's signature)

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 1-16-48

18874414

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: *J. M. Molkenshead*  
Licensed Embalmer No. 3531  
P. O. Address Des Moines

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.