S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

8989

State File No.

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 88

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence, 815 W. Kansas
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence 11
(If outside city or town limits, write "RURAL")
(d) Street No. 815 W. Kansas 11
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MR. HARVEY DAVID SIMPSON
3. (b) If veteran, name war none
3. (c) Social Security No.

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie K. Simpson
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased March 26, 1875 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	11	10	hr. min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business

FATHER
12. Name unknown, Simpson
13. Birthplace unknown, Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown, Surface
15. Birthplace unknown, Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie K. Simpson
(b) Address 815 W. Kansas Indep. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sibley Mo. Cem.
18. (a) Signature of funeral director Jos Carson
(b) Address Independence, Mo.
19. (a) 3-8-48 (Date received local registrar) (b) [signature] (Registrar's signature) 354

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1948 hour 2:15 minute A M.
21. I hereby certify that I attended the deceased from March 3, 1948 to March 5, 1948 that I last saw him alive on March 5, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage c̄ Hemiplegia	1 year
Due to Malignant Hypertension	2 years
Due to	
Other conditions Cachectia & mantion (Include pregnancy within 3 months of death)	8 months

Major findings:
Of operations No operation
Of autopsy No autopsy 83A

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 0
23. Signature E. H. Allen M.D. (M.D. or other)
Address Independence, Mo. Date signed 3-6-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Tom D. Markland, Registered Apprentice No. 40, working under my personal supervision.

Signed Floyd C. Carson

Licensed Embalmer No.

P. O. Address

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.