S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 31 1948

Registration District No. 1307

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 9043

Registrar's No. 45

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2½ hours (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 306 W. Chestnut St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: CHARLES FRANKLIN SIMPSON
3. (b) If veteran, name war: World War I
3. (c) Social Security No. 490-32-8406
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Beulah Aspinal Simpson
6. (c) Age of husband or wife if alive: ---- years
7. Birth date of deceased: November (Month) 14 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	3	17	hr. min.

9. Birthplace: Jasper (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: employee
11. Industry or business: Knell Mortuary
MOTHER FATHER
12. Name: Moses Wayne Simpson
13. Birthplace: unknown (City, town, or county) Kentucky (State or foreign country)
14. Maiden name: Emily K. Cooper
15. Birthplace: Hickory County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Knell Mortuary
(b) Address: Carthage, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Feb 25, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Faskens Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Mo.
19. (a) 2-24-1948 (Date received local registrar) L. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21 year 1948 hour 12:00 minute p M.
21. I hereby certify that I attended the deceased from Feb 21, 1948, to Feb 21, 1948, that I last saw him alive on Feb 21, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Occlusion, Coronary, Artery	3 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): none	

Major findings:
Of operations: none
Of autopsy: none

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: George H. Wood (M. D. or other)
Address: Carthage Mo Date signed Feb

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

48-2-185

JUN 1 1949

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 Frank W. Kuell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.