

S. No. 2  
M-8-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9371**  
Registrar's No. **22**

Registration District No. **1948**

Primary Registration District No. **4310**

1. PLACE OF DEATH:  
(a) County **MACON**  
(b) City or town **Bevier**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **MACON**  
(c) City or town **Bevier**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **--** (Yes or No)  
If yes, name country **0--**

3. (a) PRINT FULL NAME **Edward Simpson**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **2** day **23**  
year **1948** hour **12** minute **15** P.M.

3. (b) If veteran, name war **--** 3. (c) Social Security No. **----**

21. I hereby certify that I attended the deceased from **21 - Feb**, 19**48**, to **23 - Feb**, 19**48**;  
that I last saw him alive on **23 Feb**, 19**48**;  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mary Simpson** 6. (c) Age of husband or wife if alive **73** years  
7. Birth date of deceased **October 24th 1873**  
(Month) (Day) (Year)

Immediate cause of death **Hemorrhage, Peptic Ulcer**  
Duration **1 wks.**

8. AGE:	Years	Months	Days	If less than one day
	<b>74</b>	<b>3</b>	<b>29</b>	hr. _____ min.

Due to **chronic ulcer** years  
Due to \_\_\_\_\_

9. Birthplace **Northumberland** **England**  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation **Retired mine foreman**

Major findings:  
Of operations **77A**  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business **Coal mining**

12. Name **Edward Simpson**

13. Birthplace **England**  
(City, town, or county) (State or foreign country)

14. Maiden name **Georgiana Brown**

15. Birthplace **England**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Simpson**

(b) Address **Bevier Missouri**

17. (a) **burial** (b) Date thereof **2-25-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **West Lakewood**

18. (a) Signature of funeral director **J. S. Edwards**

(b) Address **Bevier Missouri**

19. (a) **3/8/48** (b) **Josephine King**  
(Date received local registrar) (Registrar's signature)

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?  
**Home**

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **0**

23. Signature **Donald E. Eggleston** M. D. or other **M.D.**

Address **Macon, Mo. Davis** Date signed **27 Feb 48**

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

MOTHER FATHER

NOV 3 1948

RECEIVED  
District Health Officer No. 10  
District File Number 3-48-518  
Date Filed MAR 17 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *M. J. [Signature]*  
Licensed Embalmer No. 1961  
P. O. Address *[Signature] Inc*

**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.**