No. 2
12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1948

Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3143

State File No. 11670

Registrar's No. 149

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Farm Poplar Bluff Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 24 hours (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler 12
(c) City or town: Poplar Bluff, 7
(If outside city or town limits, write "RURAL")
(d) Street No.: 519 Park 3
(If rural, give location)
(e) Citizen of foreign country?: NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Roliegh Moody Simpson
3. (b) If veteran, name war
3. (c) Social Security No. 330-18-8766
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: UNKNOWN (Month) (Day) (Year)
8. AGE: Years 65 | Months | Days | If less than one day hr. min.
9. Birthplace: UNKNOWN (City, town, or county) MO (State or foreign country) 17
10. Usual occupation: Unknown
11. Industry or business: 11
MOTHER FATHER
12. Name: UNKNOWN 4
13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name: UNKNOWN 4
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country) 1
16. (a) Informant: RUSSELL VAUGHN
(b) Address: POPLAR BLUFF
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: POPLAR BLUFF, MO
18. (a) Signature of funeral director: Greer Croy & Fitch
(b) Address: Poplar Bluff, Missouri
19. (a) 5-4-48 (Date received local registrar) (b) [signature] (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1948 hour 12:30 minute A M.
21. I hereby certify that I attended the deceased from 25 Apr 48, to 27 Apr 48; that I last saw him alive on 25 Apr 48; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic valvular heart disease
Due to
Due to
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis

Duration

Major findings:
Of operations: [illegible]
Of autopsy

PHYSICIAN — Underline the cause to 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: [illegible] (M. D. or other)
Address: Poplar Bluff Mo. Date signed 27 Apr 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 548-589
Date Filed 5-10-48

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 Philip J. Casserly, Registered Apprentice No. 108, working under my personal supervision.

Signed Walter N Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.