No. 2
-5143
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1948

Registration District No. 277

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5786

State File No. 20185

Registrar's No. 47

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Wyatt (Rural)
(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 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town Wyatt (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. General Delivery
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Ned Simpson
3. (b) If veteran, name war --------
3. (c) Social Security No. ---
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --------
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased Jan. 2, (Month) 1894 (Day) (Year)

8. AGE: Years 54 Months 5 Days 0 If less than one day hr. min.

9. Birthplace Camden, Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Venie Jackson
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Carl Jackson
(b) Address Wyatt, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director F. J. Sparks
(b) Address Charleston, Missouri
19. (a) 6-7-48 (Date received local registrar) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION—

20. DATE OF DEATH: Month June 2 day
year 1948 hour 10:00 minute A. M.
21. I hereby certify that I attended the deceased from
Attended as Coroner 19 19
that I last saw him alive on
no Physician attending
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion (Duration) Few days
Due to
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

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

23. Signature John A. Mundell Jr. Coroner (M. D. or other)
Address Charleston, Mo. Date signed 6/3/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 6-48-263
Date Filed 6-14-48

DEC 11 1953

JUN 21 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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Vincent N

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.