

U. S. No. 2  
DM-5-43  
v. 5-17-39  
\* 1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35268**

FILED NOV 6 1948 24  
P.A.

Registration District No. **P.A.**

Primary Registration District No. **3072**

Registrar's No. **217**

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

**1. PLACE OF DEATH:**

(a) County Delaware

(b) City or town Marshall, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Life time  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Delaware

(c) City or town Marshall  
(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 none

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

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 8  
year 48 hour 6 minute 10 P.M.

4. Sex Male 5. Color Bl. race Bl.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Simpson 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: Sept 8 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15, 1947, to Oct 8, 1948  
that I last saw him alive on Oct 8, 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 1 Days — If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Cardiovascular

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace: Marshall Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: Janitor

Other conditions: ✓  
(Include pregnancy within 3 months of death)

11. Industry or business: Janitor

12. Name: Lucie Simpson

13. Birthplace: Marshall Mo  
(City, town, or county) (State or foreign country)

14. Maiden name: Maude Simpson

15. Birthplace: unknown  
(City, town, or county) (State or foreign country)

Major findings: ✓

Of operations: ✓

Of autopsy: ✓

PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant: Maude Simpson

(b) Address: Marshall Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-10-48  
(Month) (Day) (Year)

(c) Place: burial or cremation: Marshall Mo

18. (a) Signature of funeral director: Wm. J. Gray

(b) Address: Marshall Mo

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? \_\_\_\_\_

19. (a) Oct-9-1948 (Date received local registrar) (b) Sidney J. Gray (Registrar's signature)

23. Signature: [Signature] (Specify type of place) (e) Means of injury: 0

Address: Marshall Mo Date signed: 10/9/48

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-5-48

---

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 \_\_\_\_\_

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

Signed *George L. Green*

Licensed Embalmer No. 4270

P. O. Address Waverly

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.