S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35475

FILED DEC 2 1948

Registration District No. 1 — Primary Registration District No. 3000 — Registrar's No. 338

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

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

3. (a) PRINT FULL NAME: Baby Boy Simpson
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: M
5. Color or race: W
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: Nov. (Month) 22 (Day) 1948 (Year)
8. AGE: Years 0 Months 0 Days 0 If less than one day: 4 hr. min.
9. Birthplace: Kirksville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Infant
11. Industry or business:
FATHER 12. Name: Wm. L. Simpson
13. Birthplace: Randolph Co., (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Cleeta Alice Agee
15. Birthplace: Randolph Co., (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Wm. L. Simpson
(b) Address: Moberly, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Madison, Missouri
18. (a) Signature of funeral director: Dee Riley Funeral Home
(b) Address: Kirksville, Missouri
19. (a) 11-23-48 (Date received local registrar) (b) Nota Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 22nd day: Nov. year: 1948 hour: 5:30 minute: P. M.
21. I hereby certify that I attended the deceased from Nov. 22, 1948, to Nov. 22, 1948, that I last saw him alive on Nov. 22, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary atelectasis	Duration
Due to: Prematurity	
Due to: Diabetes of mother	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: Mildred Gilbert (M. D. or other) D.O.
Address: Kirksville, Mo. Date signed: 11-23-48

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

RECEIVED
District Health Office No. 10
District File Number 11-48-2039
Date Filed NOV 30 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 Roy H. Mercer, Jr.

Licensed Embalmer No. 4432

P. O. Address Kirksville, 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.