

No. 300
-10-47
-17-39
T 3908

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

36879
State File No. _____
4292
Registrar's No. _____

FILED NOV 16 1948

Registration District No. 147

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
GENERAL HOSPITAL # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether
In this community 50 years
years, months or days)

3. (a) PRINT FULL NAME JAMES SIMPSON

3. (b) If veteran, name war. no
3. (c) Social Security No. unknown

4. Sex MALE 2
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced, ~~married~~ married

6. (b) Name of husband or wife UNKNOWN
6. (c) Age of husband or wife if alive ~~unk~~ years
7. Birth date of deceased JULY 8th 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 3 4 hr. min.

9. Birthplace DOUGLAS COUNTY KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER (DAY)

11. Industry or business

12. Name JOSEPH SIMPSON 9

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

14. Maiden name MARINDA 9

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

16. (a) Informant Daughter: GLADYS JONES

(b) Address Burial 906 E. 14th Street

17. (a) Burial (b) Date thereof Oct. 22 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Signatory

18. (a) Signature of funeral director Address Bros. Funeral Home

(b) Address 2000 E. 12th

19. (a) 10-21-48 (b) S. S. Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1806 1/2 Forest
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 12th
year 1948 hour 4:15 minute A M.

21. I hereby certify that I attended the deceased from SEPTEMBER 30th, 1948 to OCTOBER 12th, 1948.
that I last saw him alive on OCTOBER 12, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death
1. CEREBROVASCULAR ACCIDENT
2. HYPERTENSIVE HEART DISEASE

Due to _____
Due to _____

Other conditions INTRA-CAPSULAR FRACTURE OF LEFT FEMUR (ETIOLOGY UNDETERMINED) (P.M.O.)

Major findings:
Of operations 93
Of autopsy _____
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? _____

While at work (Specify type of place) E. Frank
(c) Means of injury Ellis
23. Signature (S. S. Holmes) M.D. or other)
Address Blue Hosp #2 Date signed _____

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

MOTHER FATHER

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 *C Kenneth Kerford*
Licensed Embalmer No. *4437*
P. O. Address.....

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.