. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39469

State File No.

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. (392) 392

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: Plaza Tourist Court 3 Pine Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ~~########~~ (Specify whether In this community 10 years
years, months or days)

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. South D. St. 3
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Hellen Simpson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Elmer Simpson

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Jan. 1, 1910 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
38	10	26	hr. min.

9. Birthplace Preston Ind. (City, town, or county) / (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William M. Brittingham
13. Birthplace Pike County Ind. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Mary Phillips
15. Birthplace Pike County Ind. (City, town, or county) / (State or foreign country)

16. (a) Informant Lillie Watters

(b) Address Fisk Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/1-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Carmel Ill.

18. (a) Signature of funeral director Frank Cotrell

(b) Address Poplar Bluff Mo

19. (a) 12-1-48 (Date received local registrar) (b) R H Minetree (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1948 hour 11 minute 00 P M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Pending report of a Chemical Labratory

Due to Asper Report Received Acute Alcoholism

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 97C

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 3

23. Signature Grover W Greer Coroner (M.D. or other)

Address Poplar Bluff Mo Date signed 12/1-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1245-1689
Date Filed 12-20-48

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 John M. Davies, Registered Apprentice No. 249, working under my personal supervision.

Signed George W. Green
Licensed Embalmer No. 2944
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.