FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 6 1949
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6149

State File No. 42205
Registrar's No. 23

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Rural Duck Creek T.S.
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Rural Duck Creek T.S. 0
(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

3. (a) PRINT FULL NAME Ivah Simpson,
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Perry
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Nov (Month) 19 (Day) 1907 (Year)

8. AGE: Years 41 | Months | Days 21 | If less than one day hr. min.
9. Birthplace Fornfelt (City, town, or county) Missouri, (State or foreign country)
10. Usual occupation
11. Industry or business House Work,
FATHER
12. Name George Miller
13. Birthplace (City, town, or county) Tenn, (State or foreign country) 1
MOTHER
14. Maiden name Amelia Meinz
15. Birthplace (City, town, or county) Missouri, (State or foreign country) 0
16. (a) Informant Perry Simpson,
(b) Address Puxico Missouri,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 9 (Day) 1948 (Year)
(c) Place: burial or cremation Brown Cemetary
18. (a) Signature of funeral director Watkins Service
(b) Address Puxico Missouri,
19. (a) 12-10-48 (Date received local registrar) (b) Floyd Morgan (Registrar's signature) 358

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 7 year 1948 hour Seven minute 50 P.M.
21. I hereby certify that I attended the deceased from Nov 12, 1948, to Dec 7, 1948; that I last saw her alive on Dec 4, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Carcinoma of brain	
Due to Carcinoma of Breast	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 50	
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 V H Skillings (M. D. or other) DO
Address Puxico Mo. Date signed 12/10/48

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

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

RECEIVED
District Health Office No. 2,
District File Number 149-46
Date Filed 1-4-49

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Hayter 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.