

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2057

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>1 yr.</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C. Tuberculosis Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C. Tuberculosis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>99 West. S. H. C. Bldg. # 50</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u> b. (Middle) <u>MYRAE L.</u> c. (Last) <u>SIMPSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May - 5 - 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>Jan. 8, 1880</u>		9. AGE (In years last birthday) <u>74</u>		10. UNDER 1 YEAR (Month) (Day) (Year) <u>3 08 0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Urbana, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Isaac Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Hanna Bowers</u>	
14. NAME OF HUSBAND OR WIFE <u>SHERIDAN SIMPSON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>KCTB Hospital</u>		18. ADDRESS _____		19. _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Pulmonary Tuberculosis</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4-14</u> , 19 <u>53</u> , to <u>5-5</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-5</u> , 19 <u>54</u> , and that death occurred at <u>8:35 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Edward P. Ahomare M.D.</u>		23b. ADDRESS <u>1030 EAST PACIFIC KANSAS CITY, MISSOURI</u>		23c. DATE SIGNED <u>MAY 5-1954</u>	
24a. PORTAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 7-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		24e. _____		24f. _____	

DATE REC'D BY LOCAL REG. <u>5-7-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.A. Newman</u> ADDRESS <u>133 BRUSH CREEK BLVD. KANSAS CITY, MISSOURI</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clare V. Carey Jr.*.....
Licensed Embalmer No.

P. O. Address *K. C. 10, N.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.