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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8278

Registration District No. 810 | Primary Registration District No. 4458 | Registrar's No. 12

1. PLACE OF DEATH:
(a) County: Scotland
(b) City or town: Memphis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Scotland
(c) City or town: Memphis
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Robert Simpson
3. (b) If veteran, name war: ____ 3. (c) Social Security No. ____
4. Sex: M
5. Color or race: White
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: Feb (Month) 20 (Day) 1852 (Year)
8. AGE: Years 87 Months 11 Days 25 If less than one day ____ hr. ____ min.
9. Birthplace: Clark County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business: ?
FATHER 12. Name: Dont Know ?
13. Birthplace: Dont Know (City, town, or county) Dont Know (State or foreign country)
MOTHER 14. Maiden name: Dont Know ?
15. Birthplace: Dont Know ? (City, town, or county) (State or foreign country)
16. (a) Informant: C. H. Moffett
(b) Address: Memphis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2 16 40 (Month) (Day) (Year)
(c) Place: burial or cremation: Bear Creek
18. (a) Signature of funeral director: Guth & Baskett
(b) Address: Memphis, Mo.
19. (a) Feb 20 1940 (Date received local registrar) E. E. Dunnish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15th year 1940 hour 12 minute ~~24~~ M.
21. I hereby certify that I attended the deceased from Feb 12, 1940 to Feb 15, 1940 that I last saw h~~ese~~ alive on Feb 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia — Duration: 3 Days
Due to: —
Due to: —
Other conditions: Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
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): no
(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) Means of injury: ____
23. Signature: W E Alexander (M. D. ~~or other~~) 725
Address: Memphis Mo Date signed: Feb 16

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-40-562
Date Filed MAR 8 1940

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 Albert C Geith

Licensed Embalmer No. 3689

P. O. Address Memphis Tn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.