

Registration District No. **678**

Primary Registration District No. **3032**

I. PLACE OF DEATH:

(a) County **Pettis**
 (b) City or town **Sedalia**
 (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 _____
 In this community **37 years**
 years, months or days (Specify whether years, months or days) **512**

8. (a) PRINT FULL NAME **Mrs. Clara Kennedy Simpson**

9. (b) If veteran, name war _____ 8. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Noah Leslie Simpson** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **May 10, 1889**
 (Month) (Day) (Year)

8. AGE: Years **51** Months **0** Days **12** If less than one day hr. _____ min. _____

9. Birthplace **Horton, Kansas**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Arthur S. Kennedy**

13. Birthplace **Lewisville, Ohio**
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary Hall**

15. Birthplace **Bedford, Indiana**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Marie Simpson - N.L. Simpson**

(b) Address **417 North Summit, Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **June 4, 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Crown Hill, Sedalia**

18. (a) Signature of funeral director **Duane Ludwig**

(b) Address **Sedalia, Mo.**

19. (a) **6-4-40** (b) **Mrs. Harry Sneed**
 (Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
 (c) City or town **Sedalia**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **417 North Summit**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2**
 year **1940** hour **11** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **April 19, 1940** to **June 2, 1940**
 that I last saw her alive on **June 2, 1940**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Decompensation with edema**
 Due to **Chronic myocarditis and chronic kidney disease.**

Other conditions (Include pregnancy within 3 months of death) **92K**

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature **Duane Ludwig** (M. D. or other) **M.D.**
 Address **Sedalia, Missouri** Date signed **6-3-40**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-11-70

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 Quane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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, above space should be left blank.