

12-30  
17-39  
X23159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24800

State File No. \_\_\_\_\_

Registration District No. 124

Primary Registration District No. 3009

Registrar's No. 240

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Francis  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one hour  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT

FULL NAME Charles Robert Simpson 512

3. (b) If veteran, name war infant  
3. (c) Social Security No. infant

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced infant

6. (b) Name of husband or wife infant  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 4, 1929  
(Month) (Day) (Year)

8. AGE: Years 11 Months 2 Days 8  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Sikeston, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business \_\_\_\_\_

12. Name George Simpson

13. Birthplace Eddyville, Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Edith Miles

15. Birthplace Johnson County, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant George Simpson

(b) Address Morley, Missouri Route # 1

17. (a) Burial (b) Date thereof 7/24/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morley, Missouri

18. (a) Signature of funeral director J. M. Thompson

(b) Address Sikeston, Missouri

19. (a) 7-15-40 (b) J. M. Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott  
(c) City or town Morley, Missouri (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route # 1 2 miles east  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1940 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from 7/12  
\_\_\_\_\_, 1940, to 7/12, 1940;

that I last saw him alive on 7/12, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Peritonitis

Due to Appendicitis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy No

Duration

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? \_\_\_\_\_

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While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature W. Smith (M. D. or other) \_\_\_\_\_

Address Cape Girardeau Date signed 7/25/40

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

MOTHER FATHER

**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

*Hainey Johnson*

Licensed Embalmer No. 3704

P. O. Address. Sikeston, Missouri

**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.**