

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27633**
Registrar's No. **3267**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3226 Lexington 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 60 years
years, months or days)

8. (a) PRINT FULL NAME Thomas E. SIMPSON 512

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Unmarried

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased November 29 1899
(Month) (Day) (Year)

8. AGE: Years 90 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Randolph County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Laborer

MOTHER FATHER
12. Name Celestine Simpson
13. Birthplace Bullett County Kentucky 1
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Brown
15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Josephine Swanson
(b) Address 3226 Lexington Ave. K.C. Mo.
17. (a) Buried (b) Date thereof August 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Calvary
18. (a) Signature of funeral director Harry Butler 361
(b) Address Kansas City, Kansas

19. (a) Aug. 18, 1940 (b) M. M. Craive
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3226 Lexington
(rural, give location)
(e) If foreign born, how long in U. S. A.? no years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1940 hour 9.2 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 11
1940, to Aug 16, 1940
that I last saw him alive on Aug 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Rectum Duration 6 months

Due to !!!

Due to _____
Other conditions Extreme old age
(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) _____
(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 1

23. Signature W. H. H. H. (M. D. or other) W. H. H. H.
Address 1022 N. Elmwood Date signed 8-17-40

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No. *3426 Ms*

P. O. Address *Kansas City Kansas*

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

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