

No. 2  
13-40  
17-39  
X23159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38895**

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: **Jasper** **FILED DEC 17 1940**  
 (a) County **Joplin**  
 (b) City or town  
 (c) Name of hospital or institution: **St. Johns Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **8 Days**  
 In this community **20 Months**  
 (Specify whether years, months or days) **/**

3. (a) PRINT FULL NAME **James Simpson**  
 3. (b) If veteran, No **No**  
 name war **No**  
 3. (c) Social Security No. **No**

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

6. (b) Name of husband or wife **No**  
 6. (c) Age of husband or wife if alive **No** years

7. Birth date of deceased **March 30 1939**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**1 7 14** hr. min.

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

10. Usual occupation **None**  
 11. Industry or business **None**

MOTHER FATHER { 12. Name **James Simpson**  
 13. Birthplace **Joplin Missouri**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Earlene PATTON**  
 15. Birthplace **Missouri**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **James Simpson**  
 (b) Address **No 2 W. C. St. Joplin Mo**

17. (a) **Burial** (b) Date thereof **11-15-40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PEACE CEMETERY**  
**Nurburth and Co**

18. (a) Signature of funeral director **Ed B. James**  
 (b) Address **212 Joplin St. Joplin Mo**  
 19. **11-14-40** (b) **Ed B. James**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jasper**  
 (c) City or town **Joplin**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1402 W. "C" St.**  
 (If rural, give location) **0**  
 (e) If foreign born, how long in U. S. A? **No** years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **November** day **13**  
 year **1940** hour **10** minute **35 P.** M.

21. I hereby certify that I attended the deceased from **11-5-40**, 19\_\_\_\_, to **11-13-40**, 19\_\_\_\_;  
 that I last saw h. **alive** on **11-13-40**, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumococcus Encephalomyelitis 2 wks.**

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

Other conditions **76 11**  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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?  
**310**

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

23. Signature **Walter A. James** (M. D. or other) **11/13/40**  
 Address **Joplin Mo** Date signed \_\_\_\_\_

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

40-12-604

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 Sam E. Sweeney

Licensed Embalmer No. 4099

P. O. Address Joplin 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, fact should be so stated above.