

FILED SEP 24 1941

Registration District No. **852**

Primary Registration District No. **6/24**

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

1. PLACE OF DEATH

(a) County **Sullivan**  
(b) City or town **Pallock**  
(If outside city or town limits, write "RURAL" and name of township)  
(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 **25 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Sullivan**  
(c) City or town **Pallock**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**James Thomas Simpson**  
(b) If veteran, name war **no** (c) Social Security No. **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **6**  
year **1941** hour **8** minute **35 a.** M.

21. I hereby certify that I attended the deceased from **Jan 5**, 1941 to **August 6**, 1941 that I last saw him alive on **August 6**, 1941 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**  
(a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Mary Susan** 6. (c) Age of husband or wife if alive **75** years  
7. Birth date of deceased **July 27** 1862 (Month) (Day) (Year)

Immediate cause of death: **arterial reorganization** Duration **6 months**

8. AGE: Year **79** Months **0** Days **10** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **urethritis and arterial disease and hypertension** **1 1/2** year

9. Birthplace **Monroe Co. Kentucky** (City, town, or county) (State or foreign country)

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

10. Usual occupation **Farmer-retired**

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

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

Of autopsy \_\_\_\_\_

12. Name **John J. Simpson**

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

14. Maiden name \_\_\_\_\_

15. Birthplace **Abigail Frazier** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Thor Simpson**

(b) Address **Pallock Mo**

17. (a) **Burial** (b) Date of removal **Aug 8 1941** (Month) (Day) (Year)

(c) Place: burial or cremation **Sully Cem. Pallock**

18. (a) Signature of funeral director **Schere's**

(b) Address **Miller Mo**

19. (a) **Sept 8 1941** (Date received local registrar) (b) **Cleo Hagan** (Registrar's signature)

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? \_\_\_\_\_

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

(b) Means of injury **fall**

23. Signature **Chas L. Fudd** (M. D. or other) **D.O.**

Address **Pallock Mo** Date signed **Aug 11 41**

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

2  
1-41  
-39  
K28390

RECEIVED

District Health Officer No. 10

District File Number 9-41-1707

Date Filed SEP. 18 1941

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.....

Frank D. Scherer

Registered Apprentice No.....

working under my personal supervision.

Signed Frank D. Scherer

Licensed Embalmer No. 2016

P. O. Address Milwaukee, Wis.

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, fact should be so stated above.