

FILED NOV 18 1941

Registrar's No. ~~3004~~ 70

Registration District No. 50

Primary Registration District No. 3004

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Butler Memorial Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week  
(Specify whether \_\_\_\_\_)

In this community 70 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates

(c) City or town Butler Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. Ohio Street  
(If rural, give location)

(e) Citizen of foreign country? Y (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Matthew S Simpson

3. (b) If veteran, Y name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Laura M Simpson

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Oct 30 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 21  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Adams Co. / Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

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

MOTHER FATHER { 12. Name Wm. H. Simpson

13. Birthplace Adams Co. / Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Sallie E Linn

15. Birthplace not know. / Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Simpson

(b) Address Carthage Missouri

17. (a) Burial (b) Date thereof Oct 23, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culver

(b) Address Butler, Mo.

19. (a) Oct 23 1941 (b) Nina L Culver  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21  
year 1941 hour 8 minute 10 M.

21. I hereby certify that I attended the deceased from May 1st 1937 to Oct 21 1941  
that I last saw him alive on Oct 21, 1941  
and that death occurred on the date and hour stated above.

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

Due to Chronic Nephritis

Due to Septicemia

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

Major findings: 131 f.  
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? \_\_\_\_\_

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

23. Signature W. L. L. Hare (M. D. or other) md

Address Butler, Mo. Date signed 10/23/41

Duration

PHYSICIAN

Underline the cause to which death should be charged etiologically.

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

NOV 25 1941

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1910

Date Filed 11-14-41

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**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, ~~my~~.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*R. Stanton Pish*

Licensed Embalmer No. 423

P. O. Address.....

*Butler, Ill.*

**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.**