

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35936

State File No. _____

Registration District No. _____

Primary Registration District No. ~~266~~ 4461

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town El Dorado Springs "Rural"
(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 _____
(Specify whether)

In this community all of life
years, months or days

3. (a) PRINT FULL NAME Peery Arnold Simpson

3. (b) If veteran, name war. No

3. (c) Social Security No. No

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Martha Simpson

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January 2 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 14 If less than one day
hr. min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Alva Simpson

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

14. Maiden name Emily Sterman

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Simpson

(b) Address El Dorado Springs Mo
Rural

17. (a) _____ (b) Date thereof 10/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Springs

18. (a) Signature of funeral director T.B. Goodrich

(b) Address Rural mo

19. (a) Oct 22, 1941 (b) Martha B. Goodrich
(Interceived local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St; Clair 93

(c) City or town El Dorado Springs R.F.D.
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day Oct;
year 1941 hour 10: minutes 45 A. M.

21. I hereby certify that I attended the deceased from 7-6, 1941, to 10-16, 1941;
that I last saw him alive on 10-16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage 4 days

Due to Hypertension

Due to _____

Other conditions 1/30
(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? _____

While at work? _____
(Specify type of place) (e) Means of injury 0

23. Signature T.H. Douglas, Jr. (M. D. or other) MS

Address Rural mo Date signed 10-22-41

93
000
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MAR 2 1942

MAR 10 1942

RECEIVED -

District Health Officer No. 7,

District File Number

11-41-1792

Date Filed

11-4-41

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

J. B. Goodrich

Licensed Embalmer No.

3038

P. O. Address

Parsons 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.