

FILED JAN 30 1942

Registration District No. 1282

Primary Registration District No. 5176 B-

Registrar's No. _____

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

1. PLACE OF DEATH: Cape Girardeau
 (a) County Cape Girardeau
 (b) City or town Parag
 (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 _____ years, months or days back

3. (a) PRINT FULL NAME WILLIAM LUTHER SIMPSON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 20 1872
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>3</u>	<u>7</u>	hr. _____ min.

9. Birthplace DAK RIDGE MISSOURI
 (City, town, or county) (State or foreign country)
 10. Usual occupation FARMER

11. Industry or business _____
 12. Name D. C. Simpson
 13. Birthplace Parag Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Samuels
 15. Birthplace St. Francis Missouri
 (City, town, or county) (State or foreign country)
 16. (a) Informant Effie Simpson
 (b) Address Parag MO
 17. (a) Burial (b) Date thereof 12-29-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Goshen

18. (a) Signature of funeral director Wilson-Statler-Sedbang
 (b) Address Jackson, Mo.
 19. (a) 12/29/1941 (b) Lana V. Guefe
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cape Girardeau
 (c) City or town Parag
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 day 27
 year 1941 hour 10 minute 16 M.
 21. I hereby certify that I attended the deceased from 12-27 1941, to _____ 19____;
 that I last saw him _____ alive on 12-27 when I found _____ and that death occurred on the date and hour stated above.

Immediate cause of death 9 thrombosis of brain Duration _____

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 436

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature P. D. Blaylock (M. D. or other) _____
 Address Oak Ridge Mo Date signed 12-28-41

RECEIVED

District Health Officer No. 4

District File Number 142-90

Date Filed 1-14-42

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 Henry Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.