

FILED AUG 12 1942

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 275 Primary Registration District No. 5942 Registrar's No. 81

1. PLACE OF DEATH:

(a) County Phelps

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

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

(d) Length of stay: In hospital or institution 10 hours
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis ⁹⁶

(c) City or town Webster Groves ¹⁷
(If outside city or town limits, write "RURAL")

(d) Street No. So. Side Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Orley Arlio Simpson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1942 hour 11:30 minute _____ A. M.

4. Sex mm 5. Color or race caucasian

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

6. (b) Name of husband or wife Margaret Simpson years _____

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

7. Birth date of deceased: Sept 15 1915
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 1942 to July 4, 1942
that I last saw h^e alive on July 4, 1942
and that death occurred on the date and hour stated above

8. AGE: Years Months Days If less than one day

25 9 10 hr. _____ min.

Immediate cause of death Fracture of the skull
Automobile Accident

Due to _____

Due to _____

9. Birthplace Frank Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Auto mechanic

11. Industry or business _____

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

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name Oathel Simpson

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

14. Maiden name Mary Jane

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Margaret Simpson

(b) Address Webster Groves Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 4 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Webster Groves Mo

18. (a) Signature of funeral director James Egan

(b) Address Reese Mo

19. (a) July 4 1942 (Date received by registrar) (b) Jollo Walker (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 081

(b) Date of occurrence July 3, 1942

(c) Where did injury occur? Phelps Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Off highway 63, 3 miles south of Balla
(Specify type of place)
While at work? no (c) Means of injury Motor Cycle

23. Signature Jollo Walker (M. D. or other) _____
Address _____ Date signed 7-4-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
AUG 14 1942

MAR 22 1948

AUG 19 1948

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..... *Muel, S. G.*

Licensed Embalmer No. *3294*

P. O. Address *Rolla, 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.