

State File No.

D AUG 6 1943 316

Primary Registration District No. 3059

Registrar's No. 75

1. PLACE OF DEATH: **A**
 (a) County St. Francois
 (b) City or town Bonne Terre, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bonne Terre Hospital - B.T. Mo.
 (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 (Specify whether)

3. (a) PRINT FULL NAME Mrs. Anna Louise Simpson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife John L. 6. (c) Age of husband or wife if alive 26 years
 7. Birth date of deceased Jan 24 - 1889
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
 12. Name Mr. James Puggier
 13. Birthplace Saffron, Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Maryann Leavenworth
 15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Oscar Simpson (Son)
 (b) Address Bonne Terre, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 - 1943
 (Month) (Day) (Year)
 (c) Place: burial or cremation Lebanon, Mo.

18. (a) Signature of funeral director Alvin W. Wood
 (b) Address 303 Crane St. - Flat River, Mo.

19. (a) 7-31-43 (Date received local registrar) (b) Bardie Burkmaster (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Francois 94
 (c) City or town Bonne Terre, Mo. 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. 114 Park (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 1943
 year 1943 hour 11:30 minute 300 M.
 21. I hereby certify that I attended the deceased from July 20 1943
 to July 28 1943
 that I last saw her alive on July 28 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis known
 Duration _____
 Due to unknown
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 938

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. J. Evans (M. D.)
 Address Bonne Terre, Mo. Date signed 7-21-43

RECEIVED

District Health Officer No. _____

District File Number 843

Date Filed 8-5

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 Alvin W. Hood

Licensed Embalmer No. 303 Cream S

P. O. Address Flat River, m

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.