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S. No. 2
DM-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

FILED OCT 13 1943

Registration District No. 49

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 25 Yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1716 Eenton Blvd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Victor Monroe Simpson

3. (b) If veteran, name war World War No 1-

3. (c) Social Security No. 495-10-9900

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1943 hour 5 minute 30 A. M.

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Jan. 2-1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death freedom injury of the chest
left lobe - pneumonia & abscess
contusion of the heart
due to subdural and subarachnoid hemorrhage

8. AGE: Years 55 Months 8 Days 16
If less than one day _____ hr. _____ min.

Due to street car traumatism

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

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

10. Usual occupation Cabinet Maker

Major findings: Of operations _____

11. Industry or business not employed

Of autopsy see above

12. Name William Simpson

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

14. Maiden name Helen Monroe

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

16. (a) Informant Nanna Simpson

(b) Address 1015 Arnes

17. (a) Burial (b) Date thereof sept 22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn

19. (a) 9-21-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) accident 193

(b) Date of occurrence 9/15/43

(c) Where did injury occur? K.C. Mo. Jackson Co.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place
While at work _____ (Specify type of place) (e) Means of injury street car

23. Signature T. E. Brown (M. D. or other) MD

Address K.C. Mo Date signed 9/20/43

MOTHER FATHER

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

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(Licensed Embalmer's Statement on Reverse Side)

OCT 18 1943

AUG 3 1944

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 *Denzil C. Blouning*
Licensed Embalmer No. *2724*
P. O. Address *K. E. 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.