FILED NOV 9 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35830

Registration District No. 3 17

Primary Registration District No. 3066

Registrar's No. 2412

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 110 E. Rare Hill
(If not in hospital or institution, write street number or location)

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

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

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

(d) Street No. Rt 1.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME HATTIE ELLEN SIMPSON.

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex F

5. Color or race White

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

6. (b) Name of husband or wife Chas. Ed. Simpson

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

7. Birth date of deceased Nov (Month) 3 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	11	20	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER

12. Name James Randolph

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

MOTHER

14. Maiden name Louisa Morehouse

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

16. (a) Informant Floyd Simpson

(b) Address Lebanon Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 23 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Bramhall Cemetery

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) OCT 30 1943 (Date received local registrar) (b) E. S. McGavren, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1943 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10-1, 1943 to 10-23, 1943 that I last saw her alive on Oct 23 1943, 19..... and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	
Due to	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Royal C. McLean M.D. (M. D. or other)

Address Kirkwood Mo Date signed 10-28-43

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(Licensed Embalmer's Statement on Reverse Side)

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

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.