

S. No. 2
M-8-43
5-17-39
PI X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18867

FILED JUN 8 1944

Registration District No. 277 Primary Registration District No. 2052 Registrar's No. 167

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 212 E. Cooper
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 16
year 1944 hour 8 minute A M.
21. I hereby certify that I attended the deceased from May 11 1944 to May 16 1944
that I last saw him alive on May 16 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Negro
6. (a) Single, widowed, married, divorced 2 Widowed
(b) Name of husband or wife William Simpson alive _____ years
6. (c) Age of husband or wife if

Immediate cause of death Acute Politis
Due to Acute and Abusive use of piglets
Due to

7. Birth date of deceased Unknown
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
about 72 hr. min.

Other conditions Nephritis
(Include pregnancy within 3 months of death)
Major findings: no operation
Of operations
Of autopsy No autopsy

9. Birthplace Pettis Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Labourer

11. Industry or business
12. Name Charles Simpson
13. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Suckey
15. Birthplace Waynes Va
(City, town, or county) (State or foreign country)

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? (c) Means of injury

16. (a) Informant Edith English
(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof 5-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Glenwood Cemetery

18. (a) Signature of funeral director J. D. Ferguson
(b) Address 117 E. Jefferson St
19. (a) 5-19-44 (b) Mo Anna Berger
(Date received local registrar) (Registrar's signature)

23. Signature M. B. Brantner M. D. or other
Address Sedalia Mo Date signed 5/19/44

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8.

Interit File Number

Date Filed

6-7-77

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

L. D. Hardiman

Registered Apprentice No.

working under my personal supervision.

Signed

L. D. Hardiman

Licensed Embalmer No. *4268*

P. O. Address *4124, Craze Sedalia*

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.