V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21896

State File No.

Registration District No. 120 Primary Registration District No. 5630 Registrar's No.

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

53
0
0

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution: Lebanon Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JANE SIMPSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex F 3

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	✓	✓	hr. min.

9. Birthplace Canton Miss (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John McMurrey
13. Birthplace Miss (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Minnie Vernon
(b) Address Lebanon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/1944 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon Mo.

19. (a) June 1 - 1944 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 24 year 1944 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from attended only once 1942, to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Similarly

Due to

Due to

162 L

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 J. L. Bruge (M. D. or other)

Address Lebanon Mo. Date signed 4-22-44

1090

(Licensed Embalmer's Statement on Reverse Side)

Received .....

Laclede County Health Unit

File No. ...5-44-164.....

Date Filed ...6/21/44.....

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.