. S. No. 2
DM—8-43
5-17-39
I 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

27156

State File No.

FILED SEP 12 1944

Registration District No. 7

Primary Registration District No. 3005

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: Home / West Dekota.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

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

(d) Street No. West Dekota St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Melvina 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 Burge Simpson

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept (Month) 24 (Day) 1900 (Year)

8. AGE: Years 43 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Pleasant Gap Twp Bates Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name John Garner
13. Birthplace Appleton City Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Luellan Culver
15. Birthplace 4
(City, town, or county) (State or foreign country)

16. (a) Informant Burge Simpson
(b) Address Butler Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 29 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culver's
(b) Address Butler Mo

19. (a) 8-29-44 (Date received local registrar) (b) Pauline Cumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1944 hour 8 minute A M.

21. I hereby certify that I attended the deceased from June 10th 1944, to Aug 26th 1944
that I last saw her alive on Aug 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 83a

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 L D Luthie (M. D. or other) MD

Address Butler Mo Date signed 8-29-44

1306

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Office No. 7
District File Number 8-44-1032
Date Filed 9-11-44

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 C. E. Carlin

Licensed Embalmer No. 2576

P. O. Address Butte, 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.