. S. No. 2
0M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34539

State File No.

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 127

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Herculaneum

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

(c) Name of hospital or institution: [illegible]

(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 Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50 0 0

(c) City or town Herculaneum

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

(d) Street No.

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Harry Thompson Simpson

3. (b) If veteran, name war MO

3. (c) Social Security No. 493-03-9688

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lovella Bradley Simpson

6. (c) Age of ~~husband or~~ wife if alive 53 years

7. Birth date of deceased October (Month) - 5 (Day) - 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	9	28	hr. min.

9. Birthplace Calidonia (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Assist. Supt. St Joseph Lead Co.

11. Industry or business

FATHER
12. Name Edward Simpson
13. Birthplace Washington Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name May Le Clere
15. Birthplace Washington Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Orville Simpson

(b) Address Herculaneum Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-44 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Herculaneum Cem.

18. (a) Signature of funeral director H. S. Vinyard

(b) Address Festus Mo.

19. (a) July 5, 1944 (Date received local registrar) (b) Lillye Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 3 year 1944 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to July 3, 1944; that I last saw him alive on July 3, 19....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Edema of lungs	1 day
Due to Cardio Nephritic syndrome	6 yrs
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None 131a
Of autopsy None

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? 0 (Specify type of place)

While at work? (e) Means of injury

23. Signature Emmett Jenn (M.D. or other) MD

Address Herculaneum Mo. Date signed 7/5/44

1359 (Licensed Embalmer's Statement on Reverse Side)

JUN 29 1945

RECEIVED
District Health Officer No. 9

District File Number.....

Date Filed 11-2-44

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 H H Winyard

Licensed Embalmer No. 3010

P. O. Address Yerington Nev

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.