

No. 2
5-543
5-17-39
I X36671

FILED NOV 7 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4426

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution St. Joseph Hospital
(d) Length of stay: In hospital or institution 3 days
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town K.C. Mo 3
(d) Street No. 410 1/2 South Drury 8
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Lula Mae Simpson
(b) If veteran, name war. No
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 27
year 45 hour 3 minute a.M.

4. Sex M 5. Color or race wh
6. (a) Name of husband or wife Lewis A Simpson
6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased 5-2-1875

21. I hereby certify that I attended the deceased from ... to ...
that I last saw him alive on ...
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchopneumonia of left lung
Arteriosclerosis

8. AGE: Years 70 Months 5 Days 25

Due to ...
Due to ...
Other conditions (Include pregnancy within 3 months of death) 109

9. Birthplace Ohio
10. Usual occupation At home

Major findings:
Of operations ...
Of autopsy ...
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business
12. Name John Ryan
13. Birthplace New York
14. Maiden name Eleanor Purcell
15. Birthplace New York

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Russell L. Simpson
(b) Address 3803 E 39
17. (a) Burial (b) Date thereof 10-27-45
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Mrs. E. F. Foster
(b) Address K.C. Mo.
19. (a) 10-27-45 (b) Geraldine Holmes

While at work? (Specify type of place)
(c) Means of injury
23. Signature Iraine Sherwood (M.D.)
Address Pathologist
Date signed 10-27-45

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 *Theron R. Redmon*.....

Licensed Embalmer No. *2737*.....

P. O. Address *R. P. ...*.....

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.