

State File No. **40816**
 Registrar's No. **402**

FILED JAN 8 1948
 Registration District No. **3**
 Primary Registration District No. **3010**

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
S. E. Mo. Hospital **0**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 month
(Specify whether)
 In this community 15 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau **1**
(If outside city or town limits, write "RURAL")
 (d) Street No. 1441 Luce Street **4**
(If rural, give location)
 (e) Citizen of foreign country? No **0**
(Yes or No)
 If yes, name country None

3. (a) PRINT FULL NAME Emma Alice Simpson
 3. (b) If veteran, name war ---
 3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month December day 3rd
 year 1945 hour 110 minute 04 P. M.
 21. I hereby certify that I attended the deceased from 8-7
 1945 to 12-3 1945
 that I last saw her alive on 12-5 1945
 and that death occurred on the date and hour stated above.

4. Sex F
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Henry Simpson (d)
 6. (c) Age of husband or wife if alive 22nd years
 7. Birth date of deceased February 22nd 1874
(Month) (Day) (Year)

Immediate cause of death:
Coronary artery thrombosis with myocardial infarction
 Due to Coronary artery disease
 Due to Arterio Sclerotic hypertension
 Other conditions: Myocarditis
(Include pregnancy within 3 months of death)
 Major findings: Thrombosis
 Of operations ---
 Of autopsy ---

8. **AGE:**

Years	Months	Days	If less than one day
<u>71</u>	<u>9</u>	<u>11</u>	hr. min.

PHYSICIAN
 Underline the cause to which death should be charged statistically.
940

9. Birthplace Mississippi Co. Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife (retired)

11. Industry or business ---
MOTHER FATHER
 12. Name Edward Quinn
 13. Birthplace N.K. Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Huff
 15. Birthplace n.k. Kentucky
(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?
 While at work? --- (Specify type of place)
 (e) Means of injury ---
 23. Signature Alberon Estes (M. D. or other)
 Address Charleston Mo. Date signed 12-8-45

16. (a) Informant Mrs Quinn Bearle
 (b) Address Cape Girardeau, Mo.
 17. (a) Burial (b) Date thereof 12-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation I. O. E. Charleston Mo.
 18. (a) Signature of funeral director John F. ...
 (b) Address Charleston Mo.
 19. (a) 16-8-1945 (b) C. S. Sumner
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 4
District File Number 146-1481
Date Filed 1-7-46

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 John F. Munnell Jr
Licensed Embalmer No. 3851
P. O. Address Charleston, 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.