

S. No. 2  
4-8-43  
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PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 15 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8951**

Registration District No. **99**

Primary Registration District No. **471**

Registrar's No. **23**

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

**1. PLACE OF DEATH:**  
 (a) County **De Kalb**  
 (b) City or town **Clarksdale**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **home!**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community **life**  
years, months or days

**3. (a) PRINT FULL NAME** **HILES, JAMES SIMPSON**  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **marrial**  
 6. (b) Name of husband or wife **Ma Simpson** 6. (c) Age of husband or wife if alive **70** years  
 7. Birth date of deceased **april 9 1878**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>67</b>	<b>11</b>		hr. _____ min. _____

9. Birthplace **MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name **William Simpson**  
 13. Birthplace **MO**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Ma Simpson**  
 15. Birthplace **MO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ma Simpson**  
 (b) Address **Clarksdale MO**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-11-46**  
(Month) (Day) (Year)  
 (c) Place: burial or cremation **Clarksdale MO**

18. (a) Signature of funeral director **Ma Simpson**  
 (b) Address **Ma Simpson**

19. (a) **3-20-46** (Date received local registrar) (b) **Rosebert** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **MO** (b) County **De Kalb**  
 (c) City or town **Clarksdale**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **March** day **8**  
 year **1946** hour **2** minute **15** P.M.

21. I hereby certify that I attended the deceased from **September 15 1945** to **March 8 1946**  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Disease**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **920**

**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 **M. S. Gale** (M. D. or other) \_\_\_\_\_  
 Address **O. S. born MO** Date signed **3/9/46**

**Duration**  
 \_\_\_\_\_  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

**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 G. Brown*.....

Licensed Embalmer No. *3933*.....

P. O. Address.....

**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.**