

No. 2
 DM-5-43
 v. 5-17-39
 1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **8025**
 Registrar's No. **380**

FILED MAR 24 1947
 42

Registration District No. 42 Primary Registration District No. 1000

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

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1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mercy Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether)
 In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 2827 So. 25th Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Francis Gilbert Simpson
 3. (b) If veteran, name war None 3. (c) Social Security No. 491-09-5355

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Carrie Simpson
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased: September 6, 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 8
 If less than one day _____ hr. _____ min.

9. Birthplace: Unknown Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Artesian Ice & Cold Storage

MOTHER FATHER { 12. Name Benjamin Simpson

13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Mary S. Brown

15. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carrie Simpson

(b) Address 2827 So. 25th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 17, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Ashland Cemetery

18. (a) Signature of funeral director Halter Meierhoff

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 3-18-47 (b) H. G. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
 year 1947 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from
March 15, 1947 to March 14, 1947
 that I last saw him alive on March 14, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia
 Duration 4 days

Due to _____
 Due to Papert's disease

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 108
 Of operations _____

Of autopsy _____

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)
 (c) Means of injury _____

23. Signature: W. R. Jenkins (M. D. or other)
 Address 209-210 Kerby Street Date signed 3/17/47

282 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

APR 3 1947

APR 4 1947

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. 508,
working under my personal supervision.

Signed *Albert E. Harrington*
Licensed Embalmer No. 3258 Missouri
P. O. Address St. Joseph, 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.