

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Webb 13233

FILED APR 29 1948

State File No. \_\_\_\_\_

Registration District No. 128

Primary Registration District No. 5462

Registrar's No. 268

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Rural N. Campbell Township  
(If outside city or town limits, write "RURAL," and name of township)  
(c) Name of hospital or institution:  
U.S. Highway # 66 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify, whether  
In this community Enroute  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Oklahoma  
(a) State OKLAHOMA (b) County GREENE  
(c) City or town Oklahoma City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 827 S.W. 27th  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clarence Oscar Simpson  
3. (b) If veteran, name war World War # 2. 3. (c) Social Security No. 580-28-5682

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 22  
year 1947 hour 7 minute a. M.  
21. I hereby certify that I attended the deceased from  
No Physician In Attendance 19 \_\_\_\_\_  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 2, 1916  
(Month) (Day) (Year)

Immediate cause of death  
Fractured Skull  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
31 1 20  
hr. min.

Due to Hit by Truck  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death)  
170 c 4

10. Usual occupation Steel Worker

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

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Oscar Simpson  
13. Birthplace Ardmore Oklahoma  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Frances Mates  
15. Birthplace Unknown Texas  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Oscar Simpson  
(b) Address Chickasha, Oklahoma

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 3/22/47  
(c) Where did injury occur? Greene Co.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
U.S. Highway # 66

17. (a) Rem oval (b) Date thereof 3/27/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oklahoma City, Okla.

While at work? No (Specify type of place)  
(e) Means of injury Hit by Truck  
23. Signature W.R. Webb Jr. (or other) \_\_\_\_\_  
Address 1111 Date signed 3-27-47

18. (a) Signature of funeral director H.H. Lohmeyer  
(b) Address Springfield, Mo.  
19. (a) 3/26/47 (b) W.S. Handy  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 12 1947

MAY 27 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.....  
working under my personal supervision.

Signed Roy G. Mirovics

Licensed Embalmer No. 4432

P. O. Address Springfield, 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.**