

FILED JUN 4 1947

Registration District No. 1597

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

17766

State File No.

Registrar's No. 120

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 1101 Jersey St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 weeks
 (Specify whether years, months or days)
 In this community 56 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Reeds, Route 1
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

3. (a) PRINT NAME Beulah George Simpson
 FULL NAME
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 24
 year 1947 hour 12 minute 30 a. M.

4. Sex female
 5. Color or race white
 6. (a) Single, widowed, married, divorced, or widowed married
 6. (b) Name of husband or wife Charles F. Simpson
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased March 24 1889
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 24 1947 to May 23 1947
 that I last saw her alive on May 23 1947 and that death occurred on the date and hour stated above.
 Duration

8. AGE:

Years	Months	Days	If less than one day
58	2	0	hr. min.

Immediate cause of death emboli, cerebral 2 mo.

9. Birthplace Nortonville Kansas
 (City, town, or county) (State or foreign country)

Due to

10. Usual occupation at home

Due to

11. Industry or business ---

Other conditions Myocarditis etc 5 yrs
 (Include pregnancy within 3 months of death)

12. Name Job Aspinall

Major findings: Of operations none of operations
 Of autopsy none of autopsy

13. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Miller

15. Birthplace Oxford Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles F. Simpson

(b) Address Rt 1, Reeds, Mo.

17. (a) burial (b) Date thereof May 26 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Feakens Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) 5-24-47 (b) L.B. Clinton, M.D.
 (Date received local registrar) (Registrar's signature)

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 about home, on farm, in industrial place, in public place?

While at work?

23. Signature George H. Wood (M. D. or other)

Address Carthage, Mo. Date signed May 24 1947

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

MOTHER FATHER

47-5-485

MAY 17 1949

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..... *Emm L. Stuef*

Licensed Embalmer No. 391

P. O. Address Quincy

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.