S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23052

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 139

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

7
1/2

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 118 N. Elsworth 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")

(d) Street No. 118 N. Elsworth. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country 1

3. (a) PRINT FULL NAME Bert Simpson

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Oct. 17 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace ..... Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Pensioner

11. Industry or business

FATHER
12. Name George Simpson 0
13. Birthplace ..... Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alpthelia White 0
15. Birthplace ..... Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Horace White
(b) Address St. Louis Mo

17. (a) Burial (b) Date thereof 6/25/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marshall Mo

18. (a) Signature of funeral director Brown & Sons
(b) Address Marshall, Mo

19. (a) 6/26/47 (b) Sidney T. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
47 year 7 hour 50 minute P:m M.

21. I hereby certify that I attended the deceased from June 10th, 1946, to June 21, 1947;
that I last saw him alive on June 21, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pernicious Anemia —	1 yr.
Due to Dont Know. Hemiplegia —	3 wks.
Due to Dont Know —	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations —	
Of autopsy —	

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

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 — 0

23. Signature W H Madison (M. D. or other)
Address Marshall, Mo Date signed 6-22-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 7-11-47

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 George H. Green

Licensed Embalmer No. 4220

P. O. Address Marshall, 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.