

No. 2
5-17-39
X36671

FILED NOV 5 1948 233

Registration District No. 233 Primary Registration District No. 5813 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Rural Upper Centre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
about 2 1/2 miles south of Wellsville on 3 Highway #19
(If in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) Four years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Montgomery
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 miles S. Wellsville
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. PINKNEY SIMPSON
3. (b) If veteran, name war no
3. (c) Social Security No. 494 228827

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 29th year 1948 hour 10 minute 17 M.
I hereby certify that I attended the deceased from 12 P.M. 29 Oct, 1948, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex MD 5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Fracture of Occipital bones of skull - Due to Traumatic injury - Being struck by auto
Due to _____
Due to _____

7. Birth date of deceased Jan 25 1891
(Month) (Day) (Year)

Other conditions Fracture of Right Shoulder - Fracture of Right Tibia & Fibula - broke ankle
Major findings: Broken Spinal Column - Region 8th thoracic
Of autopsy _____

8. AGE: Years 57 Months 9 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Callaway Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 29 Oct 1948
(c) Where did injury occur? Wellsville Mo Rural
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
U.S. Highway #19 - 2 miles south of Wellsville
While at work? no (Specify type of place) (e) Means of injury Auto
23. Signature Clement Whinnery (M.D. or other)
Address Montgomery City Mo Date signed 30 Oct 48

12. Name Robert B. Simpson
13. Birthplace Rice County Mo
(City, town, or county) (State or foreign country)
14. Maiden name Susan Jane Kemp
15. Birthplace Cole County Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. John T. Erwin
(b) Address Benton City Mo
17. (a) Burial (b) Date thereof Oct 31, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Amalgam
18. (a) Signature of funeral director F. W. Kuhnert
(b) Address Wellsville Mo
19. (a) Oct. 30, 1948 (b) Thos. Meritt
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

DEC 16 1948
FEB 14 1949

District Health Officer No. 9
District File Number
Date Filed 1948

RECEIVED

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 *Robert H. [Signature]*

Licensed Embalmer No. *3095*

P. O. Address *Wellsville 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.