

FILED MAR 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8817

State File No. ....

854

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>55 Years</b>		d. STREET ADDRESS (If rural, give location) <b>La Salle Hotel, 900 Linwood Blvd. K.C. Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			

3498

3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry</b> b. (Middle) <b>W.</b> c. (Last) <b>Simpson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>February 22, 1951</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>August 9, 1888</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>City Passenger Agent</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>St. Fe. R. R.</b>	11. BIRTHPLACE (State or foreign country) <b>Emporia, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Wm. Simpson</b>	13b. MOTHER'S MAIDEN NAME <b>Nellie Birmingham</b>	14. NAME OF HUSBAND OR WIFE <b>Catherine Simpson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>709-16-2699</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Donald Simpson, 5342 Troost, K.C., Mo.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cholerae typhus schubertianus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Acute liver failure</b>		

584  
3 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <b>as above</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-7-51 to 2-22-51 1951, that I last saw the deceased alive on 2-22-51, 1951, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Graham Owens</b> (Degree or title)	23b. ADDRESS <b>906 Grand KC Mo.</b>	23c. DATE SIGNED <b>2-22-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 26, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. St. Mary's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>2-24-51</b>	REGISTRAR'S SIGNATURE <b>Heraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. A. Butler's Sons, Kansas City 2, Kansas</b>	ADDRESS
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

**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.....

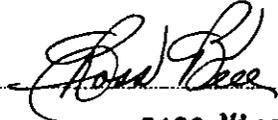
.....  
working under my personal supervision.

..... Student Embalmer No. ....

Student .....

Student Embalmer

Signed.....



Licensed Embalmer No..... 3426 Missouri

P. O. Address..... Kansas City 2, Kansas

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.