

AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25346

Do not use this space.

1. PLACE OF DEATH

(a) County Cedar ² Registration District No. 165
(b) Township So. Linn ¹ Primary Registration District No. 5231
(c) City Stockton, Mo. (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 24

2. PRINT FULL NAME

Emily Mae Simmons
(a) Residence, No. Stockton, Mo. # 4 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Simmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
36 10 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House keeping
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo.

13. NAME S. F. Weaver 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Addie Mendall 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo.

17. INFORMANT (ADDRESS) Frank Simmons. Stockton, Mo. # 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cem. DATE July 6, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Ward Greenfield, Mo.

20. FILED July 12, 1939 Mrs. Minnie Carleton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1939

I HEREBY CERTIFY That I attended deceased from April, 1939, to July 6, 1939

I last saw her alive on July 11, 1939. Death is said to have occurred on the date stated above, at 10:30.

The principal cause of death and related causes of importance were as follows:

cardiac asthma

Date of onset

Other contributory causes of importance:
hereditary

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following
Accident, suicide, or homicide? _____ Date of injury _____, 1939

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) J. H. L. pure, M. D.

935 (Address) Stockton Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.