DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

19375 [redacted]

State File No.

Registration District No. 1 | Primary Registration District No. 200 | Registrar's No. 163

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

**1. PLACE OF DEATH:**

(a) County Adair Benton Tr

(b) ~~City or town~~ ~~Kirksville~~ Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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 Adair 1 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME John S. Simler

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

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Rebecca Simler | 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct. 24, 1859 (Month) (Day) (Year)

8. AGE: Years 81 | Months 7 | Days 7 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business Agriculture

FATHER
12. Name Isaac Simler
13. Birthplace Mauckport, Indiana 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Fravel
15. Birthplace Mauckport Indiana 1 (City, town, or county) (State or foreign country)

16. (a) Informant Chas. W. Simler
(b) Address Youngstown, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2/41 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Salisbury Cemetery

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville, Mo. 3

19. (a) June 2/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June 1 day 1st year 1941 hour 1:00 minute a M.

21. I hereby certify that I attended the deceased from May 29, 1941, to June 1, 1941; that I last saw him alive on May 30, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis 3 days

Due to Arteriosclerosis and Senility

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

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 .....

23. Signature Spencer L. Freeman or other M.D.
Address Kirksville Date signed 6/2/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-41-1183
Date Filed JUN 18 1941

**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 Harold N. Weigel

Licensed Embalmer No. 4076

P. O. Address Kirkwood, M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**