DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22234

FILED JUL 13 1941

Registration District No. 517

Primary Registration District No. 1581

Registrar's No. 4

1. PLACE OF DEATH:

(a) County MONROE Co.

(b) City ~~or town~~ RURAL, WOODLAWN TOWNSHIP
(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 LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County MONROE

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

(d) Street No. MADISON Mo R.F.D. #2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME MARY ELIZABETH SIMON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEM.

5. Color or race W

6. (d) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband ~~or wife~~ A. H. SIMON

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

7. Birth date of deceased MAY (Month) 12 (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	1	17	____ hr. 1 min.

9. Birthplace ____ (City, town, or county) INDIANA (State or foreign country)

10. Usual occupation NONE

11. Industry or business ON FARM

FATHER
12. Name JOHN Wm. WRIGHT
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant's own signature Fred Simon
(b) Address MADISON, Mo. R.F.D. #4

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6, 30, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation HOLLIDAY, Mo.

18. (a) Signature of funeral director Speed & Blakey
(b) Address Paris Mo.

19. (a) 6-30-41 (Date received local registrar) (b) F. Weddington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 29th year 1941 hour 11:50 minute a M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Strangulation	—
Due to	
Due to	
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.

164

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence June 29, 1941

(c) Where did injury occur? "Rural" (City or town) Monroe (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 517 (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature O K Turner Coroner

Address Madison Mo Date signed 7/1/41

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 10
District File Number 7-41-1346
Date Filed JUL 16 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 T. L. Blakey

Licensed Embalmer No. 2616

P. O. Address Paris, Mo.

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, above space should be left blank.