

FILLED NOV 5 1941

Registration District No. 44

Primary Registration District No. 5066

Registrar's No. 8

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

1. PLACE OF DEATH: Barton  
 (a) County Barton  
 (b) City or town Iantha (Central Dist.)  
 (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  
 In this community 49 yrs, 2 months, 7 days  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Barton C  
 (c) City or town Iantha O  
 (If outside city or town limits, write "RURAL") O  
 (d) Street No. (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: FRANCES GERTRUDE SIMONS

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

4. Sex Female/ 5. Color or race White 6. (a) Single, widowed, married, divorced. Married/

6. (b) Name of husband or wife. George N. Simons 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 31 1892  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 49 2 7 hr. min.

9. Birthplace Iantha, Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name J. S. Terhune

13. Birthplace Bethany, Missouri  
 (City, town, or county) (State or foreign country)

14. Maiden name Rosa Smalhurst,

15. Birthplace Buffalo, Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant George N. Simons

(b) Address Iantha, Missouri

17. (a) Burial (b) Date thereof Oct 11 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iantha Cemetery  
 Konantz Funeral Home

18. (a) Signature of funeral director Lamar, Missouri  
 (b) Address

19. (a) 10-10-1941 (b) E. E. Locker, M. D.  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th  
 year 1941 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept 1941 to Oct 8th 1941;  
 that I last saw her alive on Oct 7 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
 Carcinoma (head of pancreas) 3 1/2 yrs  
 Due to

Due to  
 Other conditions (include pregnancy within 3 months of death) H69

Major findings:  
 Of operations Pancreatic Ca (proven by biopsy)  
 Of autopsy 1948 (December)

Duration  
 3 1/2 yrs  
 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?

While at work? (Specify type of place)  
 (e) Means of injury  
 23. Signature James G. Walker (M. D. or other)  
 Address Lamar, Mo Date signed 10/9/41

RECEIVED

District Health Officer No. 6,

District File Number 1141-1636

W.D.V. 3 1941  
Date Filed -----

Nov 26 1941

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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 *Lester S. Hubbers*

Licensed Embalmer No. 3550

P. O. Address Lamar, Missouri.

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.