

FILED AUG 10 1942

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 8-37-342 Primary Registration District No. 60-9-7-4514 Registrar's No. 13

1. PLACE OF DEATH:

(a) County: Stoddard
 (b) City or town: Advance Town
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: no (Specify whether)
 In this community: Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Stoddard
 (c) City or town: Advance
 (If outside city or town limits, write "RURAL")
 (d) Street No.: _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME: Emma Alice Simmons

3. (b) If veteran, name war: None 3. (c) Social Security No.: None

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: Geophtha Simmons 6. (c) Age of husband or wife if alive: 77 years
 7. Birth date of deceased: March 3, 1868
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>3</u>	<u>10</u>	hr. min.

9. Birthplace: Stoddard Co. Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

MOTHER FATHER
 12. Name: W. L. McCray
 13. Birthplace: Not known
 (City, town, or county) (State or foreign country)
 14. Maiden name: Sheela Cruise
 15. Birthplace: Bellinger Co. Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant: Pat G. Simmons
 (b) Address: Advance, Mo.

17. (a) Burial (b) Date thereof: June 14, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Margaw Memorial Church

18. (a) Signature of funeral director: Raymond Margaw
 (b) Address: Advance, Mo.

19. (a) 7-10-42 (b) M. K. Hoover
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 12
 year: 1942 hour: 1 minute: 2:50 P.M.
 21. I hereby certify that I attended the deceased from: 1941
 _____, 19____ to June 13, 1942
 that I last saw her alive on: June 13, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Endocarditis and Chronic Myocarditis

Due to: _____
 Due to: _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: 92 e
 Of operations: _____
 Of autopsy: _____

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: E. C. Masters (M. D. or other) D.O.
 Address: Advance, Mo. Date signed: July 8, 1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

103
0
0

RECEIVED
District Health Office No. 2,
District File Number 842-988
Date Filed 8-6-42

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.....

Leoyd S. Morgan....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Leoyd S. Morgan

Licensed Embalmer No. *336*

P. O. Address *Quincy, Mo.*

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.