

S. No. 2
M-9-4-41
rv. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Burke

27195

State File No.

Registrar's No. 571

REC'D SEP 14 1942 1288
378
Registration District No.

Primary Registration District No. 2000

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2007 Elizabeth
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Most of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2007 Elizabeth
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Simon

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Peter Simon 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased July 17 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 15 If less than one day hr. min.

9. Birthplace Baveria Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Ludwig Temple
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name (Unknown) Scherer
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Simon
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Aug. 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 8-5-42 (b) H. W. 2 Staudley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1942 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 15
1942 to Aug 2 1942
that I last saw her alive on Aug 2
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Hypertension

Other conditions 82
(Include pregnancy within 3 months of death)

Major findings: 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?

23. Signature W. H. Burke (M. D. or other) _____
Address 410 Woodruff Bldg Date signed 8/7/42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Walter E. Hamiller

Licensed Embalmer No.....

3808

P. O. Address.....

Springfield, Mo.

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

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

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