

FILED NOV 5 1942 78

Registration District No.

Primary Registration District No. 4281

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Canton Canton
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 years
In this community 5 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Canton
(If outside city or town limits, write "RURAL")
(d) Street No. 801 Washington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Tennie Lou Simril

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

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

(b) Name of husband or wife. (c) Age of husband or wife if alive. years

7. Birth date of deceased. September 10, 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Sparta Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.

12. Name Daniel L. Simril

13. Birthplace Sparta Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Margarett L. Potts

15. Birthplace Sparta Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant H.A. Simril
(b) Address Canton, Mo.

17. (a) Removal (b) Date thereof Oct. 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparta, Tenn.

18. (a) Signature of funeral director [Signature]

(b) Address Canton, Mo.

19. (a) 10/15/42 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1942 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from April, 1942 to Oct. 14, 1942
that I last saw her alive on Oct 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pelvis - 6 mos

Due to.....

Due to..... 552

Other conditions. (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?

While at work? (Specify type of place) (e) Means of injury.

23. Signature [Signature] (M. D. or other)

Address Canton Mo Date signed 10-15-42

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

MOTHER FATHER

56
0

56
1
0

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 11-42-1262

Date Filed NOV - 4 1942

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

Earl A. Parkley

Licensed Embalmer No. 2615

P. O. Address Canton

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.