

FILED APR 7 1943

Registration District No. ....

Primary Registration District No. 3002

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Andrain

(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Kings Daughters Home 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. Kings Daughters Home  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Emma Jame Simcoe

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, widowed

6. (b) Name of husband or wife James Edward Simcoe

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

7. Birth date of deceased September 2, 1858  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>6</u>	<u>3</u>	hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name James C. Herring

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

14. Maiden name Sallie J. Knight

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

16. (a) Informant Mrs. Walter L. Meyer

(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof Mar. 7 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fulton, Missouri

18. (a) Signature of funeral director Tarl E. Pracht

(b) Address Mexico, Missouri

19. (a) Mar-6-43 (b) Margaret A Mackie  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5th  
year 1943 hour 3:30 minute 4 M.

21. I hereby certify that I attended the deceased from Mar 2, 1943, to Mar 5th, 1943;  
that I last saw or alive on Mar 2nd, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degenerative myocarditis - with cardiac failure

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence

(c) Where did injury occur? None  
(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 Harry F. O'Brien (M. D. or other)

Address Mexico, Mo Date signed 2-8-43

Duration 3

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4  
1  
2

1074

RECEIVED

District Health Officer No. 10

District File Number 4-43-616

Date Filed APR 15 1949

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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.