V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14430

Registration District No. 138 Primary Registration District No. 5526 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town "Rural" Stark Twp.
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community 5 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Hickory 43 0
(c) City or town "Rural" Stark Twp. 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nancy Abergail Simmons
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 Henry H. Simmons
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Jan. (Month) 10 (Day) 1867 (Year)

8. AGE: Years 76 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Benton Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William H. Arnett
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Elizabeth Newberry
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Thomas John Simmons
(b) Address Rt. 1 Preston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Camp Ground
18. (a) Signature of funeral director Vaughan Heser
(b) Address Urbana Mo.
19. (a) May 1-43 (Date received local registrar) (b) Mary F. Carlstrom (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1943 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 5th, 1943, to April 30th, 1943; that I last saw her alive on March 26, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	about 6 Wks
Due to	
Due to	
Other conditions Catarrhal Influenza (Include pregnancy within 3 months of death)	about 3 Wks

Major findings:
Of operations
Of autopsy

94a

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature G. D. Myers (M. D. ~~or other~~)
Address Macks Creek (Mo) Date signed 5/1/43

1A 44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-43-146
Date Filed 5-5-43

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.....

Licensed Embalmer No. 303

P. O. Address Warsaw, 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.