

FILED APR 6 1944

Registration District No. 177

Primary Registration District No. 4267

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Odessa
 (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 35 Yrs. (Specify whether years, months or days)
 In this community 35 Yrs.

3. (a) PRINT FULL NAME Mary M. Simmons
 3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years _____ months _____ days
 7. Birth date of deceased July 29 1860
 (Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER } 12. Name Not Known
 13. Birthplace " " 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Not Known
 " " 9
 (City, town, or county) (State or foreign country)
 15. Birthplace " " 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joe Robinett
 (b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof Mar. 10, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove, Mo.

18. (a) Signature of funeral director D. G. Husman
 (b) Address Odessa, Mo.

19. (a) Mar-29-1944 (b) W. Baker
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lafayette
 (c) City or town Odessa
 (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 _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar. day 9
 year 1944 hour _____ minute 90 M.

21. I hereby certify that I attended the deceased from Mar 8 to Mar 8 1944
 and that death occurred on the date and hour stated above.
 that I last saw 30 alive on Mar 8 1944

Immediate cause of death Coronary Arteriosclerosis
Chronic Hypertension
Arteriosclerosis
 Due to _____
 Due to _____

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

Major findings: Of operations _____
 Of autopsy _____
 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?
 While at work? _____ (Specify type of place) _____ Means of injury _____

23. Signature R. Schoddy M. D. or other _____
 Address Odessa, Mo. Date signed 3/11/44

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

RECEIVED

District Health Officer No. 8,

District File Number 4-5-44

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 Jerry L. Husman

Licensed Embalmer No. 7511

P. O. Address Adrian 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.