V. S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21792

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 313

49 2 5

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community All Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. 214 Pennsylvania
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Phylis Ann Simon

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased December 25, 1943 (Month) (Day) (Year)

8. AGE: Years 0 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name George Leon Simon
13. Birthplace Duenweg (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Beulah Strait
15. Birthplace Joplin (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Pat Lee R. Simon
(b) Address 214 Pennsylvania, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Missouri

19. (a) 6-26-44 (Date received local registrar) (b) Gertrude Sredholz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1944 hour 12:03 P. M. minute M.

21. I hereby certify that I attended the deceased from June 20, 1944, to June 24, 1944, that I last saw her alive on June 24, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Gastro Enteritis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature E. E. Coates (M. D. or other)

Address Joplin Mo Date signed 6-26-44

(Licensed Embalmer's Statement on Reverse Side)

120 r

44-6-520

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed [redacted], or by Richard Gray Lewis, Registered Apprentice No. 360, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 959

P. O. Address Joplin 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.