

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
7 North Park St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 7 North Park St.
(If rural, give location)

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

3. (a) PRINT FULL NAME William L. Simons

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23rd
year 1946 hour 3 minute P. M.

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

6. (b) Name of husband or wife Martha Ann Ervin 6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 3rd 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1, 1942 to Dec 23, 1946
that I last saw him alive on Dec 23, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 10 Days 20 If less than one day
hr. _____ min. _____

Immediate cause of death Angina Pectoris Duration 12 hrs

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

10. Usual occupation Retired Auto Salesman

Due to _____

Due to _____

Other conditions Dropsy Nephritis
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Don't Know

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy 61

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Martha Ann Simons

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 12-26-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorimer Cemetery

18. (a) Signature of funeral director L.L. Haran

(b) Address Cape Girardeau, Missouri

19. (a) 12-30-1946 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

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 J. W. Berry (M. D. or other) _____
Address Cape Girardeau Date signed 12-28-46

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Health Officer No. 4
Number 147-38
Date Filed 1-6-47

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..... *Howard R. Bluman*

Licensed Embalmer No. 4122

P. O. Address. Cape Girardeau, Missour

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.