. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13962

Registration District No. 1169 Primary Registration District No. 425 F Registrar's No. 116

1. PLACE OF DEATH:

(a) County Knox

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

(c) Name of hospital or institution: Gibson Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 52

(a) State Missouri (b) County Knox O

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

(d) Street No. O
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William M Symmonds

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catharine Symmonds

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan (Month) 2 (Day) 1865 (Year)

8. AGE: Years 82 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Hancock Co. (City, town, or county) Ill (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Samuel Symmonds
13. Birthplace (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Hanna Pendergast
15. Birthplace (City, town, or county) Ill (State or foreign country)

16. (a) Informant Catharine Symmonds
(b) Address Baring Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April (Month) 2 (Day) 47 (Year)
(c) Place: burial or cremation Greensburg

18. (a) Signature of funeral director Gertha Baskett
(b) Address Memphis, Mo

19. (a) Apr. 6 2-47 (Date received local registrar) (b) Nellie L. Hunnet (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1947 hour 9 minute 10 P M.

21. I hereby certify that I attended the deceased from Nov 10, 1947, to March 31, 1947, that I last saw him alive on March 31, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	20 yrs.
Due to Post-op secondary shock. (Gastro-enterostomy)	2 days.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations pyloric stenosis - massive adhesions of intestinal tract
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 2

23. Signature C. C. Gibson (M. D. or other)
Address Edina, Mo Date signed 4-3-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-47-696
Date Filed APR 15 1947

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 Fred Stutz Jr.

Licensed Embalmer No. 4258

P. O. Address Memphis

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.