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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21646

State File No. _____

Registration District No. 209

Primary Registration District No. 5763

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Emden - Rural
(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 Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Marion ⁶⁴

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME SUSANAH BELLE SIMMONS

3. (b) If veteran, name war. -

3. (c) Social Security No. 4

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George Simmons

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Jan - 16 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>5</u>	<u>6</u>	<u>-</u> hr. <u>-</u> min.

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

10. Usual occupation Housewife

11. Industry or business Ely St.

12. Name Ely M. Crittibus

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Starnson

15. Birthplace Marion Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Simmons

(b) Address Emden Mo.

17. (a) Rural (b) Date thereof June 24 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emden Cemetery

18. (a) Signature of funeral director E.P. Thompson

(b) Address Shelbyville Mo.

19. (a) 7-2-47 (b) Viola Lee Deputy
(Date received local registrar) (Registrar's signature) 1/59

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1947 hour 10:00 minute p M.

21. I hereby certify that I attended the deceased from June 15, 1946, to June 22, 1947
that I last saw her alive on June 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Primary

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy 1/6

Duration

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? _____

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

23. Signature P.C. Archer (M. D. brother)

Address Shelbyville Mo. Date signed 6-25-47

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

MOTHER FATHER

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.....

.....*Myself*....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*E.P. Thompson*.....

Licensed Embalmer No. *1632*.....

P. O. Address.....*Shelbyville, 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.