

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38732**

FILED NOV 20 1947

Registration District No. **163**

Primary Registration District No. **3031**

Registrar's No. **40**

1. PLACE OF DEATH:

(a) County **Jefferson**
(b) City or town **De Soto**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **✓ 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2.5 yrs.** (Specify whether
in this community **2.5 yrs.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jefferson**
(c) City or town **De Soto**
(If outside city or town limits, write "RURAL")
(d) Street No. **723 N. 4th St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **✓**

3. (a) PRINT FULL NAME **Elizabeth SIMON**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife **deceased.** 6. (c) Age of husband or wife if alive **✓** years

7. Birth date of deceased **Jan 5 1864**
(Month) (Day) (Year)

8. AGE: Years **83** Months **9** Days **21**
If less than one day hr. min.

9. Birthplace **Evansville IND.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Peter Bohn** **4**

13. Birthplace **Not Known. Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Ruple**

15. Birthplace **Not Known. Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carl Simon**

(b) Address **De Soto, Mo.**

17. (a) **Burial** (b) Date thereof **10-28-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial **Wood Lawn De Soto, Mo.**

18. (a) Signature of funeral director **J. Joe Witherspoon**

(b) Address **De Soto, Mo.**

19. (a) **11/13/47** (b) **Marie Parker**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **26**
year **1947** hour **10** minute **00** A.M.

21. I hereby certify that I attended the deceased from **July 2**
1947 to **October 25** **1947**
that I last saw her alive on **10-25-47** **1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the liver, probably primary in the liver.**
Due to

Duration **one year?**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **H.P.**
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?

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

23. Signature **Thomas R. Donnell** (M. D. or other) **M.D.**
Address **De Soto, Mo.** Date signed **10-27-47**

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

RECEIVED
DISTRICT HEALTH OFFICER INC
District File Number
Date Filed NOV 19 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 *J. H. Mothershead*
Licensed Embalmer No. *22010 MD*
P. O. Address *3531*

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.