

FILED APR 10 1948

Registration District No. 279

Primary Registration District No. 5932

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: R. J. D #1
(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
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. R. J. D #1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Lena Simon

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color White

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

6. (b) Name of husband or wife Jacob Simon

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Aug 12 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Bahner Mo U
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business _____

12. Name August Bahner

13. Birthplace Bahner Mo U
(City, town, or county) (State or foreign country)

14. Maiden name Mary Markee

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

16. (a) Informant Jacob Simon

(b) Address La Monte, Mo. R-1

17. (a) burial (b) Date thereof 3-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director M. J. Lughlin Bros

(b) Address Sedalia, Mo.

19. (a) 3-24-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

(c) Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1948 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 19 1948 to March 22 1948
that I last saw her alive on 3-21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 da.

Due to arteriosclerosis

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature J. D. Boyes M.D. (M.D. or other)

Address Sedalia Mo. Date signed 3/23/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-7-48

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 K. P. M. Leary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.