S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17244

Registration District No. 294 — Primary Registration District No. 3056 — Registrar's No. 153

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Moberly (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) In this community Two years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Randolph
(c) City or town: Moberly (If outside city or town limits, write "RURAL")
(d) Street No. 820 Greely (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ETHEL MARIE SIMMONS
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: April 29 1926 (Month) (Day) (Year)

8. AGE: Years 22 Months 1 Days 4 If less than one day hr. min.

9. Birthplace: Randolph Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:
MOTHER FATHER
12. Name: Clate White
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Ola Mae Evans
15. Birthplace: Springfield Ill (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Ola White
(b) Address: 820 Greely Moberly Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 4-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Salem Macon Co. Mo.
18. (a) Signature of funeral director: Snow Funeral Home
(b) Address: Moberly Missouri
19. (a) June 4-48 (Date received local registrar) (b) Leah Wilkerson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1948 hour 1 minute 15 A.M.
21. I hereby certify that I attended the deceased from May 29 1948 to June 1 1948 that I last saw h. alive on June 1 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis	8 wks
Due to: Pelvic inflammatory disease following premature birth of infant	10 wks.
Due to: Cholecystitis. Mar 29 48.	1 week.
Other conditions (Include pregnancy within 3 months of death): Pregnancy terminated on April 18, 1948 spontaneously	6 mo

Major findings:
Of operations:
Of autopsy: No

PHYSICIAN — Underline the cause of 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

23. Signature: Clarence C. Cobb (M. D. or other)
Address: Woodland Hospital Date signed 2 June 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-48-1063
JUN 8 - 1948
Date Filed

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 C. L. Hutton, Registered Apprentice No. 10, working under my personal supervision.

Signed R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.