FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 19 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22283
Primary Registration District No. 1000
Registrar's No. 731

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 903 North 6th, Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew 2
(c) City or town Union Star 0
(If outside city or town limits, write "RURAL")
(d) Street No. ---- 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Georgia Simerly
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Oscar W.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 19, (Day) 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	7	14	hr. min.

9. Birthplace Andrew County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Houston Elliott
13. Birthplace Unk (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Ellnora Asher
15. Birthplace unk. (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs Lester R. Meadows
(b) Address Hickman Mills Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fillmore, Missouri
18. (a) Signature of funeral director Stamey Funeral Home
(b) Address St. Joseph, Missouri
19. (a) 7-13-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 3
year 1948 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from April 19, 1943, to July 3, 1948
that I last saw her alive on June 15, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Endocarditis	?
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

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 9
23. Signature Clifford L. Studley (M.D. or other)
Address 801 N. Bronis St Joseph Date signed 7/5/48

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

MAR 4 1964

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 John Roy Stone

Licensed Embalmer No. 24735

P. O. Address St. Joseph

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.