

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 23 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

44822  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Scott Registration District No. 814  
 (b) Township Meriland Primary Registration District No. 6063  
 (c) City..... (d) Street No.....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Margaret LeVina Simmons  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Simmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
81 6 7

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co. Mo.

FATHER  
 13. NAME Maion Proffers  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co. Mo.

MOTHER  
 15. MAIDEN NAME Don't know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. H. J. Swan  
 (ADDRESS) Benton Mo.

18. BURIAL, CREMATION, OR REMOVAL Colony Cem DATE 11/20/39  
 PLACE U. S. C. Burial place at Shelby

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Office Mo.

20. FILED Dec 1, 1939 U. P. Swan  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1938, to Oct 28, 1939  
 I last saw her alive on Oct 28, 1939. Death is said to have occurred on the date stated above, at 3 p m.  
 The principal cause of death and related causes of importance were as follows:  
Arterio Sclerosis  
Compensating  
myocarditis  
 Date of onset 1935

Other contributory causes of importance: A2C

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) U. P. Swan, M. D.  
 (Address) Benton Mo

MY IAHN FO LANCY STATE DEPT 2000  
ADMINISTRATIVE DIVISION  
GRAND RAPIDS MI 49503

RECEIVED

District Health Officer No. 2

District File Number

Date Filed

140-240  
1-23

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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, above space should be left blank.