

12-40  
17-39  
X23139

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 11 1941

Registration District No. 669

Primary Registration District No. 5894

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Smithton Rural Lake Creek Townshi  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Smithton Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

80  
11  
0  
0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29  
year 1941 hour 3 minute 36 M.  
21. I hereby certify that I attended the deceased from Sept. 23, 1941 to November 29, 1941;  
that I last saw him alive on November 27, 1941;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Uremia

Duration 6 days

Due to Nephritis - parenchymatous 6 weeks

Due to Paralysis - traumatic - fracture of 7th & 9th dorsal vertebrae

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.

171  
11/27

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence September 21, 1941

(c) Where did injury occur? Pettis Missouri  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
At home on farm.

While at work? Yes (Specify type of place) cell off  
(e) Means of injury wagon

23. Signature Chas. DeShorn (M.D. or other) M. D.

Address 113 1/2 East 4th St. Date signed 12-2-41

3. (a) PRINT FULL NAME Ferdinand Simon

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: March 2nd 1859  
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pettis County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Jacob Simon

13. Birthplace Hanover Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Schmidt

15. Birthplace Hanover Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Fernanda Simon

(b) Address Smithton Mo R F D

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2, 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation St Paul Cemetery Pettis Mo

18. (a) Signature of funeral director E. L. Eckhoff

(b) Address Cole Camp Mo

19. (a) DEC 5-1941 (Date received local registrar) (b) Mrs. J. L. Monner (Registrar's signature)

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

RECEIVED

District Health Officer No. 8

File Number

Date Filed

12-9-41

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

E. Z. Eickhoff

Licensed Embalmer No.

730

P. O. Address

Vol Camp No

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.