FILED DEC 11 1941

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

103 00 0

39662

Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard Registration District No. 834
(b) Township Dixie Twp. Primary Registration District No. 4605 Registered No. 44
(c) City Advance, Mo. (d) Street No. St.
(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 50 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hattie Belle Simmons
(a) Residence, No. Advance, Mo. St.
(Usual place of abode, if no street address, write county or city) (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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Joseph W Simmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 6, 1872

7. AGE — Years: 69 — Months: 9 — Days: 28 — If LESS than 1 day, ...hrs. or ....min.

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: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Leora, Mo.

FATHER
13. NAME: J. H. Creed
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Sarah Bacon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Joe Simmons, Advance, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Morgan Memorial DATE Dec 7, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Joseph S Morgan, Advance, Mo.

20. FILED ....., 19..... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 4, 1941

22. I HEREBY CERTIFY, That I attended deceased from ....., 1939, to Dec. 4, 1941
I last saw her alive on Dec. 4, 1941 Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis and myocarditis	

Other contributory causes of importance:
Senility

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) E. C. Masters M.D.
(Address) Advance, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Office No. 2,
District File Number 1241-1614
Date Filed 12/12/41

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, ...

Lloyd S. Morgan, or by .....,

Registered Apprentice No. ....., working under my personal supervision.

Signed Lloyd S. Morgan

Licensed Embalmer No. 336

P. O. Address Lawrence, 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, above space should be left blank.