

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42629

State File No.

Registrar's No. 158

Registration District No. 625

Primary Registration District No. 3091

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(c) Name of hospital or institution 1st + Buchanan St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
In this community 3 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LEYENA SIMMONS.

3. (b) If veteran, No. name war
3. (c) Social Security No. none.

4. Sex 7/1 5. Color or race W.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Alfred D. Simmons
6. (c) Age of husband or wife if alive Apr 1857
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 29
If less than one day hr. min.

9. Birthplace Salisbury Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Moses Hahn

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

14. Maiden name Mary Loveridge

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

16. (a) Informant Mrs. Henry Foster

(b) Address Maryville Mo.

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo.

19. (a) 12-6-1941 (b) Mamie E. Clardy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
(c) City or town Maryville
(d) Street No. 1st + Buchanan St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 3 1941
to Dec 3 1941
that I last saw him on Dec 3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral artery - probably branch of meningial
Due to

Due to

Other condition Similarity
(Include pregnancy within 3 months of death)

Major findings: 1628
Of operations ✓

Of autopsy ✓

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, or farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury ✓

23. Signature Chas. J. Bell (M. D. or other) M.D.

Address Dec 3 1941 Maryville Mo.

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

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 W. Price

Licensed Embalmer No.

3229

P. O. Address.....

Maryville 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.