

Registration District No. 625

Primary Registration District No. 3091

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 1st + Buchanan St. 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LEYENA SIMMONS.

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

4. Sex F 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 4 years
7. Birth date of deceased Apr 1857 (Month) (Day) (Year)

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

9. Birthplace Salisburg Ill. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Moses Hahn
13. Birthplace Ind. 1 (City, town, or county) (State or foreign country)
14. Maiden name Mary Lovridge
15. Birthplace England. 1 (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) 12-6-41 (Date received local registrar) (b) Mamie E. Clardy (Registrar's signature)

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 Rupture of cerebral artery - probably branch of meningial Duration _____

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

Major findings: 16 28
Of operations
Of autopsy
PHYSICIAN _____
Underline the cause to 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, or farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury 0
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.