

FILED MAR 20 1942

Registration District No. 25

Primary Registration District No. 3031

Registrar's No. 17

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: St Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
In this community 1 week
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway 78
(c) City or town Barnard (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 2 mi west 2 north
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

ALICE SIMERLY

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

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

6. (b) Name of husband or wife Lafayette Monroe Simerly 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased Mar. 19, 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 20
If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Samuel Lightle

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

14. Maiden name Madame Ingersol

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

16. (a) Informant S. F. Simerly

(b) Address Maryville Mo

17. (a) Burial (b) Date thereof Jan 10, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fillmore Mo.

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

(b) Address Maryville Mo

19. (a) 1-9 1942 (b) Maui E. Clerdy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1942 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from May 1941
1941, to Jan 8 1942

that I last saw her alive on Jan 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction due to carcinoma of descending colon
Due to Intestinal obstruction due to carcinoma of descending colon

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: H6
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, on farm, in industrial place, in public place?

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

23. Signature M. Boyles (M. D. certifier)

Address Maryville Mo Date signed 1-9-42

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

74
1
2

MOTHER FATHER

556

(Licensed Embalmer's Statement on Reverse Side)

2025

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 Clem M Price

Licensed Embalmer No. 1822

P. O. Address Mayville, 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.