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P. 1

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 23 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13656

State File No. _____
Registrar's No. 29

Registration District No. 2 Primary Registration District No. 204

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Fillmore
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 65 years
In this community about 65 years

3. (a) PRINT FULL NAME William Wesley Simerly
3. (b) If veteran, name war Civil war
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sonorita Simerly
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Sept 9 1845

8. AGE: Years 96 Months 7 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace Morgan Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Adam Simerly

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Edna Wright

(b) Address Fillmore, Mo.

17. (a) Buried (b) Date thereof Apr. 12 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fillmore Mo.

18. (a) Signature of funeral director James H Pettigrew

(b) Address Oregon, Missouri

19. (a) 4-11-42 (b) F.H. Fitchburn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew
(c) City or town Fillmore
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 9th
year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 15 1942 to April 9th 1942,
that I last saw him alive on April 9 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
of Long Course Debility
Due to _____
Due to _____

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.

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?

(Specify type of place) _____
While at work? _____ (z) Means of injury 0
23. Signature M. L. Harshey (M. D. or other) M.D.
Address Fillmore Mo Date signed 4/10/42

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

3522

1072

(Licensed Embalmer's Statement on Reverse Side)

MAY 20 19

1-15-8-MO

2 400 00

AD...
NAME

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 *James H. Pettigrew*
Licensed Embalmer No. *3192*
P. O. Address *Oregon 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1363-6

Registration District No. _____

Primary Registration District No. 204

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Andrew
 (b) City or town Fillmore
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community abt. 65 yrs
 years, months or days)

3. (a) PRINT FULL NAME William W. Simerly
 3. (b) If veteran, name war Civil War 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 96 Months 7 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER { 12. Name _____
 { 13. Birthplace (City, town, or county) (State or foreign country)
 { 14. Maiden name _____
 { 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew
 (c) City or town Fillmore (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr Day 3 Year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial congestion of lungs 7 da
General Debility
Bronchial - Pneumonia
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____
 Of autopsy _____

Duration _____
 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, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature M. L. Hordley (M. D. or other) md
 Address Fillmore Mo Date signed 6-9-42

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

SUPPLEMENTARY

