

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FILED JAN 11 1943

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

41644
Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 280
 (b) Township Weston Primary Registration District No. 5967 Registered No. 19
 (c) City Weston (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Jacob Simsheuser

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary S. Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 3 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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 _____

12. BIRTHPLACE (CITY OR TOWN) Weston (STATE OR COUNTRY) Missouri

FATHER 13. NAME Jacob Simsheuser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Rich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Leo John Simsheuser (ADDRESS) Weston, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Laural Hill DATE Dec. 12 1942

19. FUNERAL DIRECTOR (NAME) W. R. Vaughn (ADDRESS) Weston, Missouri

20. FILED 12-11-42 Mrs. Clay Siffert Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 10 - 1942

22. I HEREBY CERTIFY, That I attended deceased from July - 15 - 1942 to Dec - 10 - 1942
 I last saw him alive on Dec - 7 - 1942 Death is said to have occurred on the date stated above, at 9:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis, mitral regurgitation. Date of onset _____
1242
 Other contributory causes of importance: Cirrhosis of liver.

Name of operation none performed Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 1942
 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? No
 If so, specify _____
 (Signed) Lewis C. Calvert, M. D.
 (Address) Weston, Mo.

RECEIVED

District Health Officer No. Platte
District File Number 1-43-76 10
Date Filed 1-6-43

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 W. P. Vaughn
Licensed Embalmer No. 4023
P. O. Address W. P. Vaughn

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.