V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9686

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 312

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 723 S.11th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 15 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph,
(If outside city or town limits, write "RURAL")

(d) Street No. 1110 Olive St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Simmons

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Bydge Simmons

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 23 (Day) 1870 (Year)

8. AGE: Years 73 Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Joe Hocker
13. Birthplace Unknown (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Elizabeth Switzer
15. Birthplace Unknown (City, town, or county) New York (State or foreign country)

16. (a) Informant Annie Hocker
(b) Address 723 S.11th St. St.Joseph,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar.16,1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt.Auburn Cemetery

18. (a) Signature of funeral director Herman W. Bidenfadeu
(b) Address 1802 Union St., St.Joseph,Mo

19. (a) 3-16-43 (Date received local registrar) (b) Rose Heigog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from march 9, 1943 to march 9, 1943 that I last saw her alive on march 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Disease of mitral valves no history of rheumatism 2 yrs

Due to

Due to arterial sclerosis 5 yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

92 b

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Charles H. Werner (M. D. or other)
Address 221 Kirkpatrick Bldg. Date signed 3-13-1943

1233

(Licensed Embalmer's Statement on Reverse Side)

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 Elbert P. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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.