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7-5-17-36  
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24900

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 8

FILED AUG 4 1943

Registration District No. 127

Primary Registration District No. 3464

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

39  
00

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Willard, Missouri

(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 Several years  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene 0

(c) City or town Willard, Missouri 0  
(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 \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Eda Simmons,

3. (b) If veteran, name war No

3. (c) Social Security No. ENO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th  
year 1943 hour 6 minute P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Elmer J. Simmons, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December, 7th 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 24, 1942 to July 24, 1943  
that I last saw her alive on July 23, 1943  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>7</u>	<u>17</u>	_____ hr. _____ min.

Immediate cause of death Embolism of coronary artery. Duration

Due to Following Surgery of the Gall Bladder (surgical drainage)

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

12761

10. Usual occupation Housewife

11. Industry or business General Housework

12. Name Spurgeon McCarty

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

14. Maiden name Martha Gilmore,

15. Birthplace Greene County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant LaBelle Simmons

(b) Address Willard, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July, 27, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director Gene Brim By BR

(b) Address Walnut Grove, Mo

19. (a) July 26, 1943 (Date received local registrar) (b) Jane Appleby (Registrar's signature)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Cholecystitis with obstruction of cystic duct.

Of autopsy None

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 [Signature] (M. D. or other) D.O.

Address Willard, Missouri Date signed 7/26/43

1242

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Greene County Health Office,

County File Number 43-8-83

Date Filed 8/3/43

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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

*Genea B. ...*

Licensed Embalmer No. 2664

P. O. Address Walnut Grove, Missouri

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.