

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14204

State File No.

Registrar's No. 388

FILED MAY 11 1944
42

Registration District No. Primary Registration District No. 1000

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

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:
Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Jefferson

(c) City or town Oskaloosa
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. (If rural, give location) 14

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Rebecca Simon

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife A. J. Simon 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased January 6 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

51 3 7 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Julius Heberling

13. Birthplace Osage, County Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Bisel

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

16. (a) Informant A. J. Simon

(b) Address Oskaloosa Kans.

17. (a) Removal (b) Date thereof April 13, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oskaloosa, Kans.

18. (a) Signature of funeral director Neenan

(b) Address 1802 Union St.

19. (a) 4/13/44 (b) Rose Heagy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th.
year 1944 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 21
1944 to April 13 1944
that I last saw her alive on March 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus

Due to Carcinoma

Due to H&B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of uterus

Of autopsy No

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 2

23. Signature O. J. Weed (M. D. or other) 2

Address 408 Cushman Bldg. Date signed 4/13/44

1233

(Licensed Embalmer's Statement on Reverse Side)

St Joseph Mo

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 Robert H. Reed

Licensed Embalmer No. 3745

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.