

S. No. 2
M-5-42
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24447

FILED AUG 11 1944

State File No.

Registration District No. 7

Primary Registration District No. 4136

Registrar's No. 32-24

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Plattsburg
(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. 1 (Specify whether)

In this community all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town Plattsburg 30
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Marie Myra Simmons

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1944 hour 3:00 minute P.M.

4. Sex F 3 5. Color or race Col. 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband Thomas Simmons 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased: July (Month) 4 (Day) (Year)

21. I hereby certify that I attended the deceased from June 1 1944, to July 2 1944 that I last saw her alive on June 130 1944 and that death occurred on the date and hour stated above.

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

66 11 28 hr. min.

Immediate cause of death: Cerebral hemorrhage June 7-44

Due to: Hypertension June 1-44

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

10. Usual occupation house wife

Due to: Chronic Endocarditis June 1-44

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name East Payne

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

14. Maiden name Benny ?

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

Major findings: Of operations none

Of autopsy none 92d

PHYSICIAN: Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Amos Miller

(b) Address Plattsburg, Mo.

17. (a) Burial (b) Date thereof 7 5 '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Plattsburg Cemetery

18. (a) Signature of funeral director Byron Funeral Home

(b) Address Plattsburg, Mo.

19. (a) 7-29-44 (b) Mo & C Hartell
(Date received local registrar) (Registrar's signature)

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) (c) None of injury

23. Signature W. O. Shalburg (M. D. or C. O. P.)
Address Plattsburg, Mo. Date July 5-44

1085

(Licensed Embalmer's Statement on Reverse Side)

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

035

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 F. G. Lyon.....

Licensed Embalmer No. 952.....

P. O. Address Stewartsville, 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.