V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 1 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

25430

State File No.

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 252

**1. PLACE OF DEATH:**

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Memorial Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution five days (Specify whether

In this community ... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia (If outside city or town limits, write "RURAL") 6

(d) Street No. 608 East 12th (If rural, give location) 4

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

If yes, name country 0

**3. (a) PRINT FULL NAME** Amelia Huerman Simon

3. (b) If veteran, name war none

3. (c) Social Security No. 500-10-6181

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Adam Simon

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

7. Birth date of deceased June 22, 1872 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 23 If less than one day ___ hr. ___ min.

9. Birthplace Franklin County, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Fred Huermann 4
13. Birthplace unknown, Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine unknown
15. Birthplace unknown, unknown 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Freda Albers (dau.)

(b) Address W[illegible] Nebraska

17. (a) Burial [illegible] (Burial, cremation, or [illegible]al) (b) Date thereof 7/27/44 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Duane Ewing

(b) Address Sedalia, Mo.

19. (a) 7/27/44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 25 year 1944 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from July 18, 1944 to July 25, 1944 that I last saw her alive on July 25, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chr Myocarditis | 7 |
| Due to Hypertension | |
| Due to Arteriosclerosis | |
| Other conditions Age (Include pregnancy within 3 months of death) | |

Major findings: Of operations None

Of autopsy None

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) No

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)

While at work? (e) Means of injury

23. Signature Jno B. Carlisle M.D. (M. D. or other)

Address Sedalia Mo Date signed 7-27-44

1022

(Licensed Embalmer's Statement on Reverse Side)

Dr. Carlisle

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-4-74

## 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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.**