

FILED MAR 13 1945

Registration District No. 2

Primary Registration District No. 4346

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town Montgomery City, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life Time years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town Montgomery City, Mo  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME

ANNA BELL SIMM'S

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 ERNSZ SIMM'S 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased Sept 29 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 4 21 hr. \_\_\_\_\_ min.

9. Birthplace Callaway Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William Mc Roberts Wynn

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

14. Maiden name Mary Jane Glover

15. Birthplace Callaway Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary De Simms

(b) Address Montgomery City Mo

17. (a) Rural (b) Date thereof Feb 13 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or Montgomery City Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Montgomery City Mo

19. (a) Feb-12-45 (b) Mrs C E Vandave  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10<sup>th</sup>  
year 1945 hour 9 minute 05 M.

21. I hereby certify that I attended the deceased from December 14<sup>th</sup>, 1944 to Feb 10, 1945;

that I last saw her alive on January 24, 1945;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Right & Left Hemiplegia Duration 5 weeks

Due to Cerebral Thrombosis 3-4 days

Due to Anemia & Arteriosclerosis 2-3 yrs

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none of 30!

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) \_\_\_\_\_

(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 E. J. T. Anderson, M.D. (M. D. or other) [Signature]

Address Montgomery City Mo Date signed 2/13/45

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

RECEIVED

District Order No. 9,

District File Number

Date Filed 3-12-45

**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 Joseph A. Marlow  
Licensed Embalmer No. 3658

P. O. Address Montgomery City Md

**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.**