S. No. 2
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17776

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 107

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 525 Logan Terrace
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Mary Ann Simmons
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 W Kelly Simmons
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Feb (Month) 7th (Day) 1888 (Year)

8. AGE: Years 58 Months 2 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Mo (State or foreign country)
10. Usual occupation At home
11. Industry or business ____
FATHER
12. Name William H Ellis
13. Birthplace ____ (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Margaret Phatridge
15. Birthplace ____ (City, town, or county) Va. (State or foreign country)
16. (a) Informant W. Kelly Simmons
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 46 (Month) (Day) (Year)
(c) Place: burial or cremation Booneville, Mo
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) May 9-46 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1946 hour 6 minute 35 P.M.
21. I hereby certify that I attended the deceased from April 6, 1946 to May 9, 1946 that I last saw her alive on May 9, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cystadenocarcinoma of the left ovary.	6 mons.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 [signature] (M. D. or other) M.D.
Address Woodland Hosp. Moberly, Mo. Date signed May 9/46

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(Licensed Embalmer's Statement on Reverse Side)

JUN 18 1946

RECEIVED
District Health Officer No. 10
District File Number 6-46-1141
Date Filed JUN-6-1946

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 Frank D De Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.