

U.S. No. 2
FORM 5-43
Rev. 15-17-39
1336871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36075

State File No. _____

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 281

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
1108 Walnut St.
(If not in hospital or institution, write street number or location)

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

In this community 21 Years
years, months or days

3. (a) PRINT FULL NAME ELIZABETH ANN SIMON

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 11 - 2 - 1925
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>21</u>	<u>0</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Student

11. Industry or business _____

12. Name Edward L. Simon

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Heibel

15. Birthplace Waverly Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.L. Simon

(b) Address 1108 Walnut St., Columbia, Mo.

17. (a) Burial (b) Date thereof 11-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parson Funeral Service
Columbia, Mo.

(b) Address _____

19. (a) 11-18-46 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 1108 Walnut St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1946 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Due to Believed to be inadvertent overdose of drug

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ 118

(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)

(a) Means of injury Coroner

23. Signature Edward (b) _____ (Name of other)
Address Columbia Mo Date signed 11/14/46

(Licensed Embalmer's Statement on Reverse Side)

31

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
34897

195 E M.M.I.
19
RECEIVED
STATE BOARD OF HEALTH
MORTUARY

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 11-26-46

*transferred
to District Health Officer
No. 9*

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 Chas. L. Taylor
Licensed Embalmer No. 4136
P. O. Address Columbia, 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.