

FILED MAR 21 1947

Registration District No. 207

Primary Registration District No. 3043

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Marion county
(b) City or town Hannibal, Mo.
(c) Name of hospital or institution Long's Rest Home 330 1/2 Market
(d) Length of stay: In hospital or institution 14 months
Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Philadelphia, Mo.
(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 Martha Henretta Simmons

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 26th 1852
(Month) (Day) (Year)

8. AGE: Years 94 Months 5 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Edwin C. Spence
13. Birthplace Virginia
14. Maiden name Katherine LaFoe
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant E. H. Simmons
(b) Address Shelbina, Missouri

17. (a) Burial (b) Date thereof 2-23-1947
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Philadelphia, Mo.
Million & Barkelew

18. (a) Signature of funeral director Shelbina, Mo.
(b) Address _____

19. (a) 3-13-47 (b) W. E. M. Luicke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th
year 1947 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan - 1
1947 to 2-20, 1947
that I last saw her alive on 2-20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Throat
Duration 18 mo.

Due to _____

Due to _____

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

Major findings: Of operations 45F
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature W. B. Norton (M. D. or other) _____
Address Hannibal, Mo. Date signed 3-10-47

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

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1

MOTHER, FATHER

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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.....

James D. Davis....., Registered Apprentice No. *443*
working under my personal supervision.

Signed..... *W. Hawkins*.....

Licensed Embalmer No. *3498*.....

P. O. Address..... *Shelburne Vt*.....

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.