. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16959

Registration District No. 82 — Primary Registration District No. 3017 — Registrar's No. 81

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Booneville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 Days (Specify whether years, months or days)
In this community 39

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cooper
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Near Pleasant Green Mo (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: — —

3. (a) PRINT FULL NAME: MARY-ELIZABETH SIMMS
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Fem
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: James Simms
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: Apr (Month) 13 (Day) 1908 (Year)
8. AGE: Years 39 Months 1 Days 5 If less than one day hr. min.
9. Birthplace: Pleasant Green (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housework
11. Industry or business: None
MOTHER FATHER
12. Name: Robert Blackstone
13. Birthplace: Bremen (City, town, or county) Mo (State or foreign country)
14. Maiden name: Mary Wade
15. Birthplace: New Lebanon (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Annie Jackson
(b) Address: Pleasant Green Mo
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: 5-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Green
18. (a) Signature of funeral director: Hays & Hamlin
(b) Address: Glasgow Mo
19. (a) 5-22-47 (Date received local registrar) (b) D. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1947 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 1, 1947, to May 18, 1947; that I last saw her alive on May 17, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	2 days
Due to: Chronic Degen. Myocarditis & Decompensation	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): Bronchial Asthma	

Major findings:
Of operations: 0
Of autopsy: 0

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: 0
23. Signature: M L Duncan (M. D. or other) MD
Address: Boonville Mo Date signed: 5/19/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-13-47

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 Myself

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Peyton E Hayo

Licensed Embalmer No. 3074

P. O. Address Pilot Grove 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.