S. No. 2
M—8-43
v. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1947

Registration District No. 116

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27283

Primary Registration District No. 3020

Registrar's No. 119

1. PLACE OF DEATH:
(a) County: Franklin.
(b) City or town: Washington. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 200a Elm St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None. (Specify whether years, months or days)
In this community: 6 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Franklin.
(c) City or town: Washington. (If outside city or town limits, write "RURAL")
(d) Street No.: 200a Elm St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Katheryn Simon.
3. (b) If veteran, name war: x
3. (c) Social Security No. 334-12-0353
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband: LeroySimon
6. (c) Age of husband if alive: 44 years
7. Birth date of deceased: April (Month) 18th, (Day) 1908. (Year)
8. AGE: Years 39 Months 4 Days 13 If less than one day hr. min.
9. Birthplace: Americus, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation: Home.
11. Industry or business: x

MOTHER FATHER
12. Name: Lee Eugene Perkins.
13. Birthplace: Americus, (City, town, or county) Missouri. (State or foreign country)
14. Maiden name: Dora Ramsey.
15. Birthplace: Americus, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant: Mrs. Dora Perkins
(b) Address: Gasconade, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 3, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Gasconade, Missouri.
18. (a) Signature of funeral director: Kilburg & Vitt, Inc.
(b) Address: Washington, Mo.
19. (a) SEP 2 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st. year 1947 hour 11:00 minute 30 P.M.
21. I hereby certify that I attended the deceased from Aug. 31, 1947 to Aug 31, 1947 that I last saw her alive on Aug 31, 1947 and that death occurred on the date and hour stated above.
Immediate cause of death: Coronary Thrombosis — Duration
Due to: Ac. Aortitis
Due to: Rheumatism
Other conditions (Include pregnancy within 3 months of death):
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: [signature] (M. D. or other) MD
Address: Washington Mo. Date signed 9-2-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 9 1947

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 Jerome F. Surlwda, Registered Apprentice No. 441, working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.