S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 21 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42213
Registrar's No. 318

Primary Registration District No. 2000

39
2
6

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2067 N. Elizabeth 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 57 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2067 N. Elizabeth 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Tillie Simon
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 1
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 Dec. (Month) 27 (Day) 1887 (Year)

8. AGE: Years 60 Months 3 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Orrville (City, town, or county) Ohio (State or foreign country) 1
10. Usual occupation Home
11. Industry or business .....
FATHER
12. Name Phillips Simon
13. Birthplace Baveria (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Elizabeth Temple
15. Birthplace Baveria (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Otto Simon
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 4/15/48 (Date received local registrar) (b) W E Handley MD (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1948 hour 11 minute a. M.
21. I hereby certify that I attended the deceased from Feb 5, 1948 only ~~19~~;
that I last saw her alive on Feb 5, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Unknown	
Due to Hypertension	?
Arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 0
Of autopsy .....

PHYSICIAN
Underline the cause of 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 H. D. Silsby (M. D. ~~or other~~) 1
Address 609 Cherry St. Date signed Apr 13 48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 B Gaughan Registered Apprentice No. 466, working under my personal supervision.

Signed Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.