S. No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 24 1948

Registration District No. 209

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 27041

Registrar's No. 257

1. PLACE OF DEATH:
(a) County: MARION
(b) City or town: HANNIBAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LOVERING HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 DAYS (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: MONROE
(c) City or town: RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: STAR RT. PARIS
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: ✓

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3. (a) PRINT FULL NAME: KATHRYN L. SIMON
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: ARTHUR SIMON
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: APR. (Month) 2, (Day) 1906 (Year)

8. AGE: Years 42 | Months 4 | Days 8 | If less than one day: hr. min.
9. Birthplace: MONROE CO., (City, town, or county) MO. (State or foreign country) U
10. Usual occupation: AT HOME
11. Industry or business:
MOTHER FATHER
12. Name: JOHN T. LOWERY
13. Birthplace: PIATT CO., (City, town, or county) ILL (State or foreign country) U
14. Maiden name: MYRTLE BROCKMAN
15. Birthplace: AUDRAIN CO., (City, town, or county) MO. (State or foreign country) U
16. (a) Informant: ARTHUR SIMON
(b) Address: PARIS, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 8-12-48, (Month) (Day) (Year)
(c) Place: burial or cremation: WALNUT GROVE
18. (a) Signature of funeral director: Sneed & Blakey
(b) Address: PARIS MO.
19. (a) 8-17-48 (Date received local registrar) (b) W. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: AUG day: 10 year: 1948 hour: 3 minute: 40 P.M.
21. I hereby certify that I attended the deceased from Aug 1, 1948 to Aug 10, 1948 that I last saw h. alive on Aug 10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac embolism	
Cerebral embolism	
Due to:	
Due to:	
Other conditions: Hysterectomy (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
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: [illegible] (M. D. or other) 30
Address: HANNIBAL, MISSOURI Date signed: 8-11-48

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 _____ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.