No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28882

Registration District No. 38 — Primary Registration District No. 5121 — Registrar's No. 246

1. PLACE OF DEATH:

(a) County: Boone

(b) City or town: Harrisburg (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 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 43 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone 10

(c) City or town: Columbia 2 (If outside city or town limits, write "RURAL")

(d) Street No.: 310 N. 9th St. 4 (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: LIDA ELIZA SEMON

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Wm. Henry Semon

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: 2 (Month) - 11 (Day) - 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	7	15	..... hr. ..... min.

9. Birthplace: Macon County (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation: At Home

11. Industry or business .....

FATHER
12. Name: William Nelson McKinley
13. Birthplace: Macon County (City, town, or county) Illinois (State or foreign country) 1

MOTHER
14. Maiden name: Lucinda Fortune
15. Birthplace: Macon County (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant: Miss Ora Semon

(b) Address: 310 N. 9th St., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-28-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cenetery

18. (a) Signature of funeral director: Parker Funeral Service

(b) Address: Columbia, Mo.

19. (a) 9-28-48 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26 year 1948 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 8, 1947, to Sept. 26, 1948; that I last saw her alive on Apr. 21, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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: F. C. Suggett (M. D. or other) M.D.

Address: Columbia Mo Date signed 9-27-48

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

NOV 27 1948

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 W. N. Whitsides

Licensed Embalmer No. 3893

P. O. Address Columbia 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.