

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14024**  
Registrar's No. **242**

FILED MAY 11 1945  
Registration District No. **3046**

Primary Registration District No. **3046**

1. PLACE OF DEATH:

(a) County **Monteau**  
(b) City or town **California**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **!**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community. years, months or days)

3. (a) PRINT FULL NAME **EDNA ELIZABETH SIMMEYS**

3. (b) If veteran, name war. 3. (c) Social Security No. **488-24-7105**

4. Sex **F** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced. **Married**  
6. (b) Name of husband or wife. **Wm E Simmeyer**  
6. (c) Age of husband or wife if alive. **54** years  
7. Birth date of deceased. **Mar 9 1895**  
(Month) (Day) (Year)

8. AGE: Years **50** Months **1** Days **1** If less than one day  
hr. min.

9. Birthplace **Monteau Co Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Chas. S. Jenkins**  
13. Birthplace **Cooper Co Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna E. Frances**  
15. Birthplace **Monteau Co Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm E Simmeyer**  
(b) Address **California Mo**

17. (a) **Burial** (b) Date thereof **4-12-1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Masonic Cem**

18. (a) Signature of funeral director **William E. Friedman**  
(b) Address **California Mo**

19. (a) **4-14-45** (b) **24**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monteau**  
(c) City or town **California** **69**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. (If rural, give location) **78 1A**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **10**  
year **1945** hour **9** minute **45** a. M.

21. I hereby certify that I attended the deceased from **Mar 18**, 19**45**, to **April 10**, 19**45**,  
that I last saw him alive on **April 10**, 19**45**,  
and that death occurred on the date and hour stated above.

Immediate cause of death. **Carcinoma of left ovary** **67 Mo.**  
Cause **unknown.**

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death) **49a**

Major findings: **Im-operable Carcinoma**  
Of operations **Ovary left**  
Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **L. L. Latham** (M. D. or other)  
Address **California Mo** Date signed **4-11-45**

1312

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-10-45

OCT 1 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Hugh E Williams*

Licensed Embalmer No. 3537

P. O. Address.....

*California 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.