

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

2433

106

Registrar's No. _____

FEB 19 1948

Primary Registration District No. 2001

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:
525 St. Louis Street
 (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 Emma McNeeger Simmons

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow6. (b) Name of husband or wife Harry H. Simmons 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased April 30, 1881
(Month) (Day) (Year)8. AGE: Years 78 Months 9 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Housewife11. Industry or business at Home12. Name John McNeeger13. Birthplace Iowa (City, town, or county) _____ (State or foreign country)14. Maiden name Sarah Marria15. Birthplace Iowa (City, town, or county) _____ (State or foreign country)16. (a) Informant's own signature J. B. Simmons(b) Address Springfield, Mo.17. (a) Burial (b) Date thereof 2/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Maple Park18. (a) Signature of funeral director Alvin Schmauer(b) Address Springfield, Mo.19. (a) 2/1/48 (b) Chas. A. George
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 525 St. Louis St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31,
year 1940 hour 9 minute 0 P. M.21. I hereby certify that I attended the deceased from January,
1937, to Jan, 1940that I last saw her alive on Jan 31, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Bronchial
Flu & PneumoniaDue to Broken Hip

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident(b) Date of occurrence 2 years ago(c) Where did injury occur? at home
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
fell on floor
(Specify type of place) (e) Means of injury _____

While at work? _____

Signature J. B. Simmons (M. D. or other) _____

Address _____ Date signed _____

Duration

2 yrs.2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically

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.....

C. C. George

Registered Apprentice No. *204*

working under my personal supervision.

Signed.....

Lewis C. Schaff

Licensed Embalmer No. *3802*

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, above space should be left blank.

X

