

Registration District No. 413

Primary Registration District No. 5559.C.

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town North City

(c) Name of hospital or institution: Jasper County I B Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks
(Specify whether

In this community _____ years, months or days

3. (a) PRINT FULL NAME Albert Simonson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Docia Simonson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 7 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>3</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation miner

11. Industry or business Iron

12. Name William Simonson

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant's own signature Docia Simonson

(b) Address North City

17. (a) Burial (b) Date thereof Feb 1 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Camp

18. (a) Signature of funeral director North City, Ind. Co

(b) Address North City, Mo 64427

19. (a) JAN 29 40 (b) E. L. Critchfield
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town North City
(If outside city or town limits, write "RURAL")

(d) Street No. 514 N 3rd
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1940 hour 6:30 minute 9 M.

21. I hereby certify that I attended the deceased from Dec 9, 1939, to Jan 29, 1940
that I last saw him alive on Jan 28, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema

Due to Tuberculosis

Due to _____

Other conditions 1/2
(Include pregnancy, within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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 Jesse E. Day (M. D. or other) MD

Address North City Date signed 1/29/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE FILLING IN THIS CERTIFICATE, PLEASE USE BLACK INK—MAKE A PERMANENT RECORD

1-10-38

RECEIVED

District Health Officer No. 6,

District File Number 240-294

Date Filed FEB 5 1940

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 myself

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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.