

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Knob Noster Mo.
 (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 6 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Samuel W. Simmons
 3. (b) If veteran, name war _____ 3. (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 Mary Simmons (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased: Aug 7 1892
 (Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Missionary

11. Industry or business Joe Simmons

MOTHER FATHER
 { 12. Name Joe Simmons
 { 13. Birthplace Mississippi (City, town, or county) _____ (State or foreign country) _____
 { 14. Maiden name Hannah Rogers
 { 15. Birthplace Miss. (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Mary Simmons
 (b) Address Knob Noster Mo.

17. (a) Burial (b) Date thereof Feb 12 1940
 (Burial, cremation, or removal) _____ (Month) (Day) (Year) _____
 (c) Place: burial or cremation Knob Noster Cem.

18. (a) Signature of funeral director C. J. Sault

(b) Address Knob Noster Mo.

19. (a) Feb 12 (b) J. A. Koen 380
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson
 (c) City or town Knob Noster
 (If outside city or town limits, write "RURAL") _____
 (d) Street No. _____ (If rural, give location) _____
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
 year 1940 hour 5-0 minutes 30 a. M.

21. I hereby certify that I attended the deceased from Jan 31
 1939 to Feb 11 1940
 that I last saw him alive on Feb 10 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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 J. E. Porter M.D. (M. D. or other) _____
 Address Knob Noster Mo Date signed 2/12/40

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

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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

Dudley R. Saults

Registered Apprentice No.

249

working under my personal supervision.

Signed

C. L. Saults

Licensed Embalmer No.

1086

P. O. Address

Knob Noster M

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.