

ED AUG 27 1940  
ev. 5-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26521**

Registration District No. **877**

Primary Registration District No. **4530**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Merion

(b) City or town Schell City  
(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 all life  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County Merion

(c) City or town Schell City  
(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.

**3. (a) PRINT FULL NAME** Virgie Simmons **552**

**3. (b) If veteran,** name war \_\_\_\_\_

**3. (c) Social Security** No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month July day 7  
year 1940 hour 5 PM minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** July 3, 1940, to July 7, 1940,  
that I last saw her alive on July 7, 1940,  
and that death occurred on the date and hour stated above.

**4. Sex** Female **5. Color or race** White

**6. (a) Name of husband or wife** George Simmons **6. (c) Age of husband or wife if alive** 25 years

**7. Birth date of deceased.** March (Month) 1916 (Day) (Year)

Immediate cause of death Tuberculosis of lungs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Duration 8 months

**8. AGE:**

Years	Months	Days	If less than one day
<u>24</u>	<u>3</u>	<u>25</u>	hr. _____ min.

**9. Birthplace** Harwood MO (City, town, or county) (State or foreign country)

**10. Usual occupation** house wife

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**

**12. Name** Jimm Davis **1**

**13. Birthplace** Jarvis MO (City, town, or county) (State or foreign country)

**14. Maiden name** Joseph Mathias

**15. Birthplace** Jarvis MO (City, town, or county) (State or foreign country)

**16. (a) Informant** Virgie Simmons

**(b) Address** Schell City MO

**17. (a)** Buried (Burial, cremation, or removal) **(b) Date thereof** July 9 1940 (Month) (Day) (Year)

**(c) Place: burial or cremation** Green Lawn Cemetery

**18. (a) Signature of funeral director** Clara Lewis

**(b) Address** Schell City MO

**19. (a)** July 9-40 (Date received local registrar) **(b)** Pearle Rappas (Registrar's signature)

**Other conditions** (Include pregnancy within 3 months of death) 73

**Major findings:** Of operations \_\_\_\_\_

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?** \_\_\_\_\_

**23. Signature** E. W. Gray (M. D. or other) **8/9/40**  
Address Schell City MO Date signed \_\_\_\_\_

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

08

RECEIVED

District Health Officer No. 7,

District File Number 8-40-1174

Date Filed 8-10-40

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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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Marion M. Lewis*

Licensed Embalmer No. 3084

P. O. Address Schell 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.**