

Registration District No. **385**

Primary Registration District No. **4-38 5536**

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

1. PLACE OF DEATH: **Howell MP**  
 (a) County \_\_\_\_\_  
 (b) City or town **WILLOW SPRINGS, (Rural)**  
 (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 **2**  
 In this community **about 4 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **MO.** (b) County **Howell**  
 (c) City or town \_\_\_\_\_ (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 **PETER FRANCIS SIMONS**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **NO**

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

6. (b) Name of husband or wife **Sarah Elizabeth Burns** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **March 9 1864**  
 (Month) (Day) (Year)

8. AGE: Years **76** Months **6** Days **5** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Utica, New York**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Retired from Ford Motor Co. Employee**

MOTHER FATHER  
 { 12. Name **Don't know**  
 { 13. Birthplace **Alsea, Oregon**  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name **Don't know**  
 { 15. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sarah Simons**

(b) Address **Willow Springs, Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 16, 1940**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Montier, Mo.**

18. (a) Signature of funeral director **D. B. Burns**

(b) Address **Willow Springs, Mo.**

19. (a) **9-14-40** (b) **Harold Ferguson**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **14**  
 year **1940** hour **3:00** minute **0** M.

21. I hereby certify that I attended the deceased from **9-10-1940**, to **9-14-1940**  
 that I last saw him alive on **9-13-1940**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **5 days**

Due to **Essential Hypertension** 1935

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

Other conditions (Include pregnancy within 3 months of death) **g. h.**

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? **245**  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **H. Callahan** (M. D. or other) **1**  
 Address **Willow Springs** Date signed **9-14-40**

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

RECEIVED

District Health Officer No. 5,

District File Number 10401068

Date Filed \_\_\_\_\_

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 J.R. Burns

Licensed Embalmer No. 1847

P. O. Address Willow Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.