No. 2
11-10-39
5-17-39
I X21492

7

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1940

Registration District No. 001

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36496

Primary Registration District No. 6045

Registrar's No. 26

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Liberty Twsh. 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 (Specify whether years, months or days)
In this community 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Polk
(c) City or town Rural Liberty Twsh
(If outside city or town limits write "RURAL")
(d) Street No. Near Sunset Springs Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME CLAYTON Hugh 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 Widower
6. (b) Name of husband or wife SARAH STAFFORD SIMMONS
6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased FEB. 21 1861 (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace ONTERIO, (City, town, or county) CANADA (State or foreign country)
10. Usual occupation FARMER
11. Industry or business TILLER of SOIL
12. Name Erastus Simmons (Father)
13. Birthplace Not Known (City, town, or county) (State or foreign country)
14. Maiden name Olga Mitchell (Mother)
15. Birthplace Canada (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ezra Simmons
(b) Address Sunset Springs, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/40 (Month) (Day) (Year)
(c) Place: burial or cremation Harmony Cemetery
18. (a) Signature of funeral director R. C. Carter
(b) Address Sunset Springs, Mo
19. (a) 9/25/40 (Date received local registrar) (b) R. Q. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 24 year 1940 hour 11 minute 30 M.
21. I hereby certify that I attended the deceased from 9-19-40, 19__, to 9-24-40, 19__; that I last saw him alive on 9-19-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Hypertension heart disease	15 y
Due to	
Other conditions (Include pregnancy within 3 months of death) Marked Prostatic Hypertrophy & Retention of urine	
Major findings: Of operations None	
Of autopsy None	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Chas. R. Parrott (M. D. or other) M.D.
Address Sunset Springs Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
File Number 11-14-40

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 R C Carter

Licensed Embalmer No. 3573

P. O. Address Sweet Springs 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.