FILED JUL 9

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22242

Registration District No. 919 — Primary Registration District No. 5993 a — Registrar's No. 14

1. PLACE OF DEATH:
(a) County: Morgan
(b) City or town: Rural Hawcreek (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 years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Morgan
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Estle Howard 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: Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: March 6 (Month) 1933 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
8	3	23	____ hr. ____ min.

9. Birthplace: Morgan Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: School Child
11. Industry or business ____
12. Name (Father): Estle Simmons
13. Birthplace (Father): Morgan (City, town, or county) Mo. (State or foreign country)
14. Maiden name (Mother): Dollie Gerlt
15. Birthplace (Mother): Morgan (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs Sadie Gerlt
(b) Address: Stover, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 30-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Paul Cemetery
18. (a) Signature of funeral director: Rapp & Stevinson
(b) Address: Stover, Missouri
19. July 10 1941 (Date received by local registrar) (b) Thos L Rippberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1941 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from June 28-41 1941, 19__ to June 29 19 41 that I last saw he alive on June 29, 1941, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Malaria with meningeal symptoms — Duration: 3 days
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: W. F. Carlbell (M.D. or other) M.D.
Address: Stover, Mo. Date signed: 6-29-41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 7-41-1133
Date Filed 7-8-41

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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, fact should be so stated above.