

7-39
X23159

FILED MAR 10 1942
Registration District No. 703

Primary Registration District No. 4545

1. PLACE OF DEATH:

(a) County Worth

(b) City or town Worth Hannett City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth // 3

(c) City or town Worth /
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Matthew Carson 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 Widowed

6. (b) Name of husband or wife Laura 6. (c) Age of husband or wife if alive _____ years

I Doctor

7. Birth date of deceased July 4 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>7</u>	<u>6</u>	hr. _____ min.

9. Birthplace Washington Co. Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Elkhead Simmons

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Pierce

15. Birthplace Unknown f
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Allie Combs

(b) Address Worth Mo.

17. (a) Free Land (b) Date thereof Feb. 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Free Land Cemetery

18. (a) Signature of funeral director John Andrews Jr

(b) Address Hannett City, Mo.

19. (a) Feb 12 - 1942 (b) Allene Scadden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10
year 1942 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from January
20 1942 to February 10 1942
that I last saw h. & m. alive on February 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to old age

Due to arterial sclerosis

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

Major findings: _____

Of operations 97

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) _____

23. Signature John Andrews Jr (M, D, or other) _____

Address Hannett City Date signed Feb 12

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

1107

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.....

John Andrews Jr.
working under my personal supervision.

Registered Apprentice No.....

Signed *John Andrews Jr.*
Licensed Embalmer No. *4211*

P. O. Address *Grant City*

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Grant City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(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 Mathew C Simmons

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1941 hour 11 minute 00 M.

21. I hereby certify that I attended the deceased from July 4, 1941; that I last saw him live on July 4, 1941; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased: July 4 (Month) (Day) (Year)

Immediate cause of death
Duration

8. AGE: Years 86 Months 4 Days 12 (If less than one day) min. 45

Due to
Due to

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

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

10. Usual occupation

11. Industry or business

Major findings: Of operations

12. Name

Of autopsy
Underline the cause to which death should be charged statistically.

13. Birthplace: (City, town, or county) (State or foreign country)

14. Maiden name (State or foreign country)

15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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?

(c) Place: burial or cremation

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

18. (a) Signature of funeral director

(b) Address

23. Signature (M. D. or other)

19. (a) (Date received local registrar) (b) (Registrar's signature)

Address Date signed

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

MOTHER FATHER

SUPPLEMENTARY

8178