

FILED JUL 16 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

Dr. Walsh

State File No. 21230

Registrar's No. 469

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield Mo. (City)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
318 West Brower /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 318 West Brower
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Josephine Simmons

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Frank Simmons 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased January, 2, 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name L. A. Newton

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

14. Maiden name Louise Martin

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

16. (a) Informant Frank Simmons

(b) Address Springfield Missouri

17. (a) Burial (b) Date thereof June, 25 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield Missouri

19. (a) 6/25/42 (b) S. W. S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb to June 22 1942 that I last saw him alive on June - 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Diagnose of Valvular & unblock heart

Due to Hypertension years
Due to arterio-sclerosis years

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

Major findings: Of operations 93d

Of autopsy _____

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) (e) Means of injury _____

23. Signature W. T. Walsh (M. D. or other) _____

Address Springfield Mo Date signed 6/23/42

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.....

L. D. Gorman

Licensed Embalmer No. *3177*

P. O. Address..... *Springfield*

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.

X