S. No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26755

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 807

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1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nursing Home 4920 Penn St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year (Specify whether
In this community 4 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2920 Penn St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no 0 years.

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3. (a) PRINT FULL NAME WILLIAM ALLEN SIMMON

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Altha Bowen Simmon 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased February (Month) 7 (Day) 1857 (Year)

8. AGE: Years 85 Months 6 Days 9 If less than one day hr. min.

9. Birthplace San Antonio (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Simmon
13. Birthplace (City, town, or county) Penn 1 (State or foreign country)

MOTHER
14. Maiden name Charlotte Bowen Simmon
15. Birthplace San Antonio (City, town, or county) Buchanan Co Mo (State or foreign country)

16. (a) Informant Florence Eisiminger - Brian Moran
(b) Address 622 Ben Tan St Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof [illegible] (Month) 17 (Day) 1942 (Year)
(c) Place: burial ~~or cremation~~ Independence Cemetery Hamilton Mo

18. (a) Signature of funeral director F. G. Lyon
(b) Address Stewartsville Mo

19. (a) 8-17-42 (Date received local registrar) (b) Rose Hazog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th. year 1942 hour four minute 15 P. M.

21. I hereby certify that I attended the deceased from July, 22, 1942, 19 , to Aug. 16, 1942, 19 ; that I last saw him alive on August 15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to: Arteriosclerosis & H.B.P.	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 J R Elliott (M. D. or other) M.D.
Address 801½ Francis St. St. Joseph Mo. Date signed

1255 (Licensed Embalmer's Statement on Reverse Side)

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 F. G. Lyon

Licensed Embalmer No. 952

P. O. Address Stewartsville 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, fact should be so stated above.