S. No. 2
M—5-42
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21727

FILED JUL 9 1943

Registration District No. 764 Primary Registration District No. 3023 Registrar's No. 55

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: Warrensburg Clinic (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day (Specify whether In this community 63 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Columbus Twp. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country xx

3. (a) PRINT FULL NAME FRANK ALVIE SIMMONS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race cauc

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Ida May Simmons

6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased January 13, 1879 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	4	14	hr. min.

9. Birthplace Funks Grove, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farmer

11. Industry or business on farm

FATHER
12. Name Benjamin F. Simmons
13. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Permelia A. Unknown
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant George Pinson

(b) Address Holden, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Blackwater Cemetery

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) June 2, 1943 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1943 hour 3 minute A M.

21. I hereby certify that I attended the deceased from May 26, 1943 to May 27, 1943 that I last saw him alive on May 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Thrombosis of mesenteric artery and Peritonitis	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

99:1

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 R. Lee Cooper (M. D. or other) M.D.

Address Warrensburg Mo. Date signed 5-28-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 7-6-47

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 M L Canaday

Licensed Embalmer No. 3434

P. O. Address Belden, Miss.

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.