

FILED NOV 9 1943

Registration District No. 23

Primary Registration District No. 2007

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

1. PLACE OF DEATH:

(a) County Butler

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

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

(d) Length of stay: In hospital or institution _____
In this community 15 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Martha Serena Simmons

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

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

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

7. Birth date of deceased August 11, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>78</u>	<u>2</u>	<u>0</u>	hr. _____ min.
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9. Birthplace Williamson County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joal K. Oakes

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

14. Maiden name Sarah Brown

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

16. (a) Informant Arthur Winfield
(b) Address Rt. 2, Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof Oct. 13, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Greer Croy
(b) Address Poplar Bluff, Missouri

19. (a) 10-16-43 (b) Belle Henne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11
year 1943 hour 11:25 minutes _____ P. M.

21. I hereby certify that I attended the deceased from Oct 11
1943 to Oct 11, 1943
that I last saw her alive on Oct 11
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 da.

Due to Hypertensive Cardiac Vascular (renal) disease

Due to RENAL

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

13/12

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?

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Dr. Parker (M. Doctor)
Address Poplar Bluff, Mo. Date signed 10/15/43

RECEIVED

District Health Office No. 2,

District File Number 1143-1393

Date Filed 11-3-43

NOV 4 1943

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

W. G. Crow
W. G. Crow

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, 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.