S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 6 1945

State File No. 25208

Registration District No. 329 Primary Registration District No. 4485 Registrar's No.

1. PLACE OF DEATH:

(a) County SCOTT

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County SCOTT

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

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

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SUSAN ~~CORNELIA~~ Caroline 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 WIDOW

6. (b) Name of husband or wife JOHN SIMMONS

6. (c) Age of husband or wife if alive DECEASED

7. Birth date of deceased OCT (Month) 8 (Day) 1880 (Year)

8. AGE: Years 64 Months 8 Days 23 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name MARION FULLBRIGHT
13. Birthplace MILLERSVILLE (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name POLLEY
15. Birthplace DON'T KNOW (City, town, or county) (State or foreign country)

16. (a) Informant OTIS SIMMONS

(b) Address FORNFELT MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7 (Month) 4 (Day) 45 (Year)

(c) Place: burial or cremation POLLARD SCOTT CO.

18. (a) Signature of funeral director Bisplinghoff-Hubbard

(b) Address Illmo Mo.

19. (a) July 7-1945 (Date received local registrar) (b) Mrs W. L. Tomlinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1945 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from July, 1943, to July 1, 1945 that I last saw her alive on July 1, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory failure	
Due to: Chronic myocarditis	20 yrs.
Due to:	
Other conditions: Pulmonary tuberculosis (Include pregnancy within 3 months of death)	30 yrs.

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 Dr Penton Wilson (M. D. or other) D.O.

Address Fornfelt, Mo. Date signed July 6, 1945

1516 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 45-1008
Date Filed 8-3-45

M

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.