

FILED NOV 13 1945

Registration No. \_\_\_\_\_

Primary Registration District No. 3012

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Clay

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

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

(d) Length of stay: In hospital or institution 4 Days  
(Specify whether in this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay

(c) City or town Hearney Mo.  
(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 EVA IRINE SIMMONS

3. (b) If veteran, name war \_\_\_\_\_

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 Richard Simmons 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June 27 - 1892  
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Barton Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Variety Store

12. Name John A. Shephard

13. Birthplace Clay Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Maileland

15. Birthplace Clinton Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Bulah Ector

(b) Address Smithville Mo.

17. (a) Burial (b) Date thereof 10/28-1945  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cem

18. (a) Signature of funeral director Leonard Fry

(b) Address Hearney Mo

19. (a) 10/27/45 (b) Caroline Hutchings  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 27-day 1945  
year \_\_\_\_\_ hour 1 minute 45 AM/PM

21. I hereby certify that I attended the deceased from 6-6-44  
19 \_\_\_\_\_ to 10-27 19 45  
that I last saw h. & alive on 10-29 19 45  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to hypertension arteriosclerosis

Due to Ed. & myocardial damage  
delayed intra ventricular conduction system

Duration Several months

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 0 940

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 MO

23. Signature SR M Grazier (M. D. or other) MO

Address Excelsior Spgs Mo Date signed 10/27/45

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

MOTHER FATHER

1419

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-9-45

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Hearney 2110

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.