

FILED NOV 28 1945

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 313

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: Lucy Lee Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 In this community Life (Specify whether years, months or days)

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. 400 South B.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Male Raymond Simmons
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced infant
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 9 1945
 (Month) (Day) (Year)

8. AGE: Years 2 Months 3 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Poplar Bluff, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Raymond Simmons
 13. Birthplace Holcomb Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Condie Lee Eastridge
 15. Birthplace Kennett Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Simmons
 (b) Address Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29-45
 (Month) (Day) (Year)
 (c) Place: burial or cremation Woodlawn

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

19. (a) 11/7/45 (Date received local registrar) (b) RA Muehle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
 year 1945 hour 4 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
 that I last saw him im alive on Oct 27, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation Duration _____
Cardiac Failure
Acute Nephritis
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 130
 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? _____ (Specify means of injury) _____
 23. Signature W D Martel M D (M. D. or other)
 Address Poplar Bluff Mo Date signed _____

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

RECEIVED

District Health Office No. 2,

District File Number 1145-328A

Date Filed 11-8-45

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

Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address

Regina Blynn Mt

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.