S. No. 2
M—5-42
v. 5-17-39
I X32873

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

37255

State File No. .....

FILED NOV 28 1945

Registration District No. ..... Primary Registration District No. 2000 Registrar's No. 928

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 605 N. Weaver
(If not in hospital or institution, write street number or location)

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

In this community —

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 605 N. Weaver
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Acrel Charley Simon

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife Etta Simon

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased June (Month) 30 (Day) 1889 (Year)

8. AGE: Years 56 Months 4 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace UNK. (City, town, or county) Louisiana (State or foreign country)

10. Usual occupation Fireman

11. Industry or business Stationary Boiler

FATHER
12. Name Acrel Simon
13. Birthplace UNK. (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Etta Simon
(b) Address 605 N. Weaver, Spfd., Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Mem. 11 45

18. (a) Signature of funeral director W. P. Campbell
(b) Address 867 Washington, Spfd., Mo

19. (a) 11-14-45 (Date received local registrar) (b) H. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th year 1945 hour 3-30 minute a M.

21. I hereby certify that I attended the deceased from Nov. 1, 1945, to November 11 1945; that I last saw him alive on November 11th 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis Interstitial Nephritis	
Due to: Endocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): T3K	

Major findings:
Of operations: None
Of autopsy: None

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 James B. Clark (M. D. or other)
Address 2800 N. Summit Date signed Nov. 14, 45

984 (Licensed Embalmer's Statement on Reverse Side) Spfd., Mo

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. W. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield 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.