

FILED JAN 11 1946

Registration District No. **82**

Primary Registration District No. **4144**

Registrar's No. **154**

1. PLACE OF DEATH

(a) County Cooper
(b) City or town Pilot Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 77 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Pilot Grove
(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 HARVEY-NEAL-SIMMONS

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Stella Simmons 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 22 1873
(Month) (Day) (Year)

8. AGE: 77 Years 7 Months 6 Days If less than one day _____ hr. _____ min.

9. Birthplace Pilot Grove Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business String

12. Name Alfred N. Simmons

13. Birthplace Pilot Grove Mo
(City, town, or county) (State or foreign country)

14. Maiden name Martha Gellar

15. Birthplace Pilot Grove Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Frances Tushy

(b) Address 1166 N. S. Rd. University City, Mo

17. (a) Burial (b) Date thereof 12/30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove Cem

18. (a) Signature of funeral director Harry Painter

(b) Address Pilot Grove Mo

19. (a) 12/29/45 (b) Clay Harris
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1945 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from 12-1
1945, to 12-28, 1945
and that death occurred on the date and hour stated above.
that I last saw him alive on 12-28-45, 1945

Immediate cause of death Pneumonia Duration 24 hr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

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) (e) Means of injury _____

23. Signature Clay Harris (M. D. or other) _____

Address Pilot Grove Mo Date signed 12/29/45

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

MOTHER FATHER

1634

1-9-46

1961 8 28

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 Rayton E. Mayo
Licensed Embalmer No. 3074
P. O. Address Pilot Grove, 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.