

No. 2
-2-43
5-17-39
X 35637

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6156**

Registration District No. 156 Primary Registration District No. 3001 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. Johns Hospital
(d) Length of stay: In hospital or institution 40 years.
In this community 40 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 219 Main St.
(e) Citizen of foreign country? No
If yes, name country No

3. (a) PRINT FULL NAME Lawrence C. Simmons.
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb., day 23, 1946
year 1946 hour 4:00 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from 20 Feb
1946, to 23 Feb 1946
that I last saw h. in alive on 23 Feb 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Div
6. (b) Name of husband or wife no record 6. (c) Age of husband or wife if alive About 59, no record
7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage.
Duration 8 days

8. AGE: Years Months Days If less than one day
about 59 hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Green Bay Wisconsin
10. Usual occupation gun smith & Machinist

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name No record
13. Birthplace No record
14. Maiden name No record
15. Birthplace No record

16. (a) Informant Public Records.
(b) Address _____

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? _____

17. (a) Burial (b) Date thereof 2-27-46
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.
19. (a) 2-27-46 (b) _____

23. Signature [Signature] (D. or other) _____
Address 628 1/2 Main Date sign 2-25-46

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

MOTHER FATHER

188

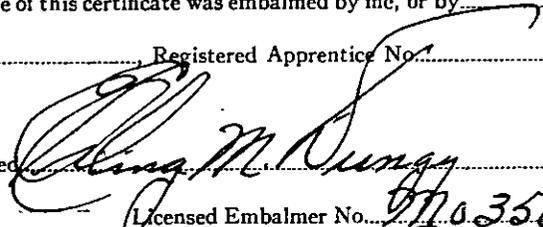
46-2-113

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



Licensed Embalmer No. 03566

P. O. Address 212 Toplin St, Vt.

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.