

FILED APR 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 371

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 hrs. 15 min.  
(Specify whether years, months or days)  
 In this community 3 hours, 15 minutes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 720 Mason Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dusinda Sue Simmons

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased 3 (Month) 28 (Day) 46 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>5</u> hr. <u>15</u> min.

9. Birthplace St. Joseph, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation New Barn.

11. Industry or business None

12. Name E. Earl Clarence Simmons

13. Birthplace St. Joseph, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Jewell Scott

15. Birthplace Gilman City, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. E. C. Simmons  
 (b) Address 720 Mason Ave.

17. (a) Burial (b) Date thereof Mar. 28, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Herman W. Edmisten

(b) Address 1802 Union St., St. Joseph, Mo.

19. (a) April 1, 1946 (b) H. J. Nestlebusch  
(Date received local registrar) (Registrar's signature) B.E.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28  
 year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 28, 1946, 19. to March 28, 1946, 19. ;  
 that I last saw her alive on March 28, 1946, 19. ;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations 16/12

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(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 H. V. Hantgen (M. D. or other) M.D.

Address Newpatrick Bldg Date signed 3-28-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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.....

P. O. Address.....

NOT EMBALMED

**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.**