

FILED APR. 6 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 217

Primary Registration District No. 3048

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
W. Tom Brown St., 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi ⁶⁷
(c) City or town Charleston ¹
(If outside city or town limits, write "RURAL") ²
(d) Street No. W. Tom Brown St. ⁰
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Otis Marion Simmons

3. (b) If veteran, name was World War #1 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Simmons 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased January 6th 1900
(Month) (Day) (Year)

| 8. AGE: | | | | If less than one day |
|-----------|----------|-----------|--|----------------------|
| Years | Months | Days | | |
| <u>46</u> | <u>2</u> | <u>15</u> | | hr. min. |

9. Birthplace Mississippi County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Retired because of health

12. Name George Simmons

13. Birthplace Mississippi County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ide Jackson

15. Birthplace Livingston Co., Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ethel Simmons

(b) Address Charleston, Mo

17. (a) Burial (b) Date thereof 3/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove-Charleston, Mo

18. (a) Signature of funeral director John P. Bondurant
Charleston, Mo

(b) Address _____

19. (a) 4-1-46 (b) Mrs. John Bondurant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st,
year 1946 hour 5 minute P M.

21. I hereby certify that I attended the deceased from
Feb 9, 1946 to Mar 21, 1946
that I last saw him alive on Mar 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulm. Tuberculosis + 20 yrs

Due to _____

Due to _____

Other conditions Tuberc. Laryngitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration
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)
_____ (Specify means of injury)

23. Signature L. Charles Young (M. D. or other)

Address Charleston, Mo Date signed 3/29/46

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

9071

196

RECEIVED
District Health Office: No
District File Number 446-42
Date Filed 4-4-46

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 John F. Hummel Jr
Licensed Embalmer No. 3851
P. O. Address Charleston, 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.