

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 27 1946

Registration District No. 319

Primary Registration District No. 6287

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Seymour, Mo - Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Seymour, Mo - Rural
(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 Ottis Simmons Sr

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 16
year 1946 hour 10 minute am

4. Sex male 5. Color of hair Wht 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HARRIET 6. (c) Age of husband or wife if alive 67 years (Month) (Day) (Year)

7. Birth date of deceased Aug-29-1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 4, 1946, to Jan 16, 1946
that I last saw him alive on Jan 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis 2wk

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>5</u>	<u>13</u>	hr. _____ min. _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation FARMER

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name JAMES E SIMMONS

13. Birthplace Ill (City, town, or county) (State or foreign country)

14. Maiden name REAGAN

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

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) _____ (e) Means of injury _____

While at work? _____

23. Signature J. A. Jones (M. D. or other) _____
Address Marshall Date signed 1-17-46

16. (a) Informant Mrs Fay Webb

(b) Address Marshall, Mo PH 3

17. (a) BURIAL (b) Date thereof JAN-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch, Centny

18. (a) Signature of funeral director LeRoy Jensen

(b) Address Seymour, Mo

19. (a) 2/11/46 (b) Gene C. Hicks
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
10956

RECEIVED

District Health Officer No. 6

District File Number 346-223

Date Filed MAR 20 1946

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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Bayview Ave

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.