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FILED JUN 13 1946

STANDARD CERTIFICATE OF DEATH

Registration District No. 113 Primary Registration District No. 5430

Registrar's No.

1. PLACE OF DEATH:

(a) County FRANKLIN

(b) City or town MORRELTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 5 MO years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County FRANKLIN

(c) City or town MORRELTON
(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 Earl Eugene Simmons

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1946 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased DEC 8 1945
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Hearting cough under stress

8. AGE:	Years	Months	Days	If less than one day
	<u>5</u>	<u>6</u>		hr. _____ min. _____

Due to _____

Due to _____

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

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

Major findings: Of operations _____

Of autopsy no

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name EARL MONT GOMERY

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

14. Maiden name VESTA SIMMONS

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

16. (a) Informant VESTA SIMMONS

(b) Address MORRELTON, MO

17. (a) BURIAL (b) Date thereof MAY 15 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MORRELTON MO

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) (M. D. or other)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Chas & Lerut

(b) Address ST. CLAIR, MO

19. (a) MAY 15 1946 (b) E. T. Worthington
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. F. Olman (M. D. or other) _____
Address Union, Mo Date signed 5/14/1946

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

15148

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-12-46

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~~.....

Not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.