

**FILED JUN 3 5 1946**

Primary Registration District No. **4218**

Registrar's No. **93**

1. PLACE OF DEATH:

(a) County **Henry**  
(b) City or town **Windsor**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **606 E. Jackson**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 weeks**  
(Specify whether  
In this community **4 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry** **42**  
(c) City or town **Windsor** **2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **107 N. Franklin** **0**  
(If rural, give location) **0**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary Ann Simmons**

3. (b) If veteran, name war **/** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W** **L**

6. (b) Name of husband or wife **I. B. Simmons** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **December 22, 1853**  
(Month) (Day) (Year)

8. AGE: Years **92** Months **3** Days **12**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **at home**

11. Industry or business " "

12. Name **William Larrimore**

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

14. Maiden name **Hannah White**

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

16. (a) Informant **Mrs. Ed. Shipp**  
(b) Address **Windsor, Missouri**

17. (a) **burial** (b) Date thereof **4-5-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place burial or cremation **Hickroy Point Cemetery**  
**Huston-Turner**

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address **Windsor, Mo.**

19. (a) **5-11-46** (b) **A. H. Kerney**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **3rd**  
year **1946** hour **5** minute **55** p.m.

21. I hereby certify that I attended the deceased from **Mar 10 1946** to **April 2 1946**  
that I last saw him alive on **April 2 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Eye closed High Shock + Paralysis**

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

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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

22. If death was due to external causes, fill in the following: **42**

(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) (e) Means of injury \_\_\_\_\_

23. Signature **Arnold** (M. D. or other) **MD**  
Address **Windsor Mo.** Date signed **5/19/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**

MOTHER FATHER

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

120

RECEIVED

Director of Health Officer No. 7,  
District No. 5-46-492

Date filed 6-4-46

**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 *E. O. Hester*

Licensed Embalmer No. 3391

P. O. Address *Windsor, N.C.*

**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.

Registration District No. 137

Primary Registration District No. 4218

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Windsor  
(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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Mary A. Simmons

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased see 22 (Month) (Day) (Year)

8. AGE: Years 92 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year 1974 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_

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

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

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) 186 w 3 18

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Fracture of hip  
(b) Date of occurrence Mar 15-46  
(c) Where did injury occur Windsor (Home) Hwy Co 1 (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Home

While at work? yes (Specify type of place) (e) Means of injury fell on floor

23. Signature H W Wall (M. D. or other) MD  
Address Windsor Date signed 6/27/46

SUPPLEMENTARY

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

15350

104608