

FILED JUN 13 1946
Registration District No. 374

Primary Registration District No. 45-47

State File No. _____

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Grant City
(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 4 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison
(c) City or town Pamell (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 GUY SIMMONS

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

4. Sex M, O 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive, years _____

7. Birth date of deceased April 13, 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation clerk & manager

11. Industry or business grocery store, owner

12. Name Charles Simmons

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

14. Maiden name Elizabeth J. Simons

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

16. (a) Informant Grace Yetter
(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof 5-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pamell Cemetery

18. (a) Signature of funeral director Arch C. Dunfee
(b) Address Grant City, Mo.

19. (a) May 24-46 (b) Luthe E. Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22
year 1946 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-30
1946 to 5-22 1946
that I last saw him alive on 5-21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 6 mo.

Due to _____

Due to _____

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

Major findings: Of operations ✓
Of autopsy no 4/6/46

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) (e) Means of injury _____

23. Signature G. J. Hays, M.D. (M. D. or other) 46
Address Grant City, Mo. Date signed 5-23-46

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

MOTHER, FATHER

JUL 18 1946

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 Arch C. Duple

Licensed Embalmer No. 3252

P. O. Address. Grant City, 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.