S. No. 2
M—5-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29639

FILED SEP 30 1946

Registration District No. 1000 Primary Registration District No. 1000 Registrar's No. 1055

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

28475

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
1422 Prospect
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1422 Prospect
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Franklin Simmons

3. (b) If veteran, name war No

3. (c) Social Security No. 491-10-9698

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida B. Simmons

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January (Month) 9 (Day) 1863 (Year)

8. AGE: Years 83 Months 8 Days 8 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Carpenter

FATHER
12. Name Samuel Simmons
13. Birthplace Weston (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Delilia Keisinger
15. Birthplace Weston (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Ida B. Simmons
(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/46 (Month) (Day) (Year)
(c) Place: burial or cremation Dearborn, Mo.

18. (a) Signature of funeral director Heaton Be Tale + Bowman
(b) Address St. Joseph, Mo.

19. (a) Sept. 23, 1946 (Date received local registrar) (b) H. J. Westlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17
year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 16th, 1946, to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94A

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

23. Signature B. W. Tadlock Coroner (M. D. or other)
Address King Hill Bldg St. Joseph, Mo. Date signed 9/18/46

34 (Licensed Embalmer's Statement on Reverse Side)

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 Raymond H. Morehead

Licensed Embalmer No. 4413

P. O. Address 319 So. 10th St. St. Joseph, 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.