

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILE JUN 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23066

State File No.

Registration District No. 324

Primary Registration District No. 6082

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Arrow Rock township Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Napton, Mo. Route No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All her life
years, months or days

3. (a) PRINT

FULL NAME Elizabeth M. Davis Simmons

3. (b) If veteran,

name war _____

3. (c) Social Security

No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife George Bartlett Simmons 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased January 18th, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 4 23 hr. min.

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

10. Usual occupation House keeper

11. Industry or business

12. Name Thomas Jefferson Davis
13. Birthplace Wapello County, Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Alice L. Smith
15. Birthplace Saline County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George B. Simmons

(b) Address Napton, Mo. 17 1/2

17. (a) Burial (b) Date thereof June 16, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrow Rock, Mo.

18. (a) Signature of funeral director Charles R. Rine

(b) Address Marshall, Mo.

19. (a) June 16-1947 (b) Edw. J. Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Arrow Rock township Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Napton, Mo. Route No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1947 hour 10 minute a M.

21. I hereby certify that I attended the deceased from investigated June 11 1947
that I last saw him alive on 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Burned to death Duration
in her home, where the
house burned
house burned accidentally

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No

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) Accident 97
(b) Date of occurrence June 11, 1947
(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 Saline Co. 2
23. Signature C. L. Lawless (M: D. or other) D
Address Marshall Mo. Date signed 6-11-47

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-22-47

OCT 2 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{Not} ~~by me, or by~~ _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Packed in cotton, sawdust and
cavity fluid.

Signed

Jan. H. Rennie

Licensed Embalmer No. 1171

P. O. Address Marshall, 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.