

Registration District No. 270

Primary Registration District No. 3050

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

1. PLACE OF DEATH:

(a) County Payson

(b) City or town Caruthersville
(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 7 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Payson

(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")

(d) Street No. East 10th St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1947 hour 10 minute 52 AM

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased aug. 1923
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 10, 1947, to July 12, 1947 that I last saw her alive on July 12, 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 23 Months 11 Days 6
If less than one day hr. _____ min. _____

Immediate cause of death Pulmonary Tuberculosis

Duration Don't know

9. Birthplace Bogota Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to _____

Due to _____

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

Major findings: 1 m B
Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name James William Simmons

13. Birthplace Bethel Ark
(City or town of county) (State or foreign country)

14. Maiden name Edith W. H. H. State

15. Birthplace Clarksville Ind.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. William Brown

(b) Address East 10th St. City

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof 7-13-1947
(Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Dyersburg, Tenn.

18. (a) Signature of funeral director W. J. H. H. H. H. H.

(b) Address Caruthersville, Mo.

19. (a) 7/19/47
(Date received local registrar)

(b) Dressie B. Helms
(Registrar's signature)

(Specify type of place) _____

While at work? _____ (c) Means of injury 0

23. Signature J. R. Ligon (M. D. or other) _____

Address Caruthersville, Mo. Date signed 7-12-47

7-47-217

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.....

Boytt S. Willis

Registered Apprentice No. *19*

working under my personal supervision.

Signed *Noel C. Dean*

Licensed Embalmer No. *3941*

P. O. Address *Canthamville, 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.