

No. 2
9-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30187

FILED SEP 10 1947

Registration District No. 375

Primary Registration District No. 6280

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Norwood, Mo. Rt. 1 Hart
(c) Name of hospital or institution:
At home
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Rt. 1 Norwood, Mo 3
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1947 hour 6 minute 00 A.M.
21. I hereby certify that I attended the deceased from Feb 1
1946 to Aug 26 1947
that I last saw him alive on Aug 25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular
Renal Disease Duration 1 1/2 yrs

3. (a) PRINT FULL NAME Reuben Andrew Simons

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Simons 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased. July 31 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 0 24 hr. min.

9. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Semore Simonsis

13. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

14. Maiden name Emma M Bosworth

15. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Bosworth
(b) Address Rt. 1 Norwood, Mo.

17. (a) Burial (b) Date thereof 8-28-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Curtis Cemetery

18. (a) Signature of funeral director Thomas Bosworth
(b) Address Box 136, Norwood, Mo

19. (a) 9-19-47 (b) E. B. Haines
(Date received local registrar) (Registrar's signature)

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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 J. E. Worthen D.O. (M. D. or other)
Address Hartsville, Mo Date signed 8-27-47

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

MOTHER FATHER

Registration District No. 375Primary Registration District No. 6280

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Rural
(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 days3. (a) PRINT FULL NAME Reuben A. Simon3. (b) If veteran, _____
name war _____3. (c) Social Security _____
No. _____4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____7. Birth date of deceased _____
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days _____ If less than one day _____
hr. _____ min. 7 7 99. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Sept. 19, 1947 (b) E. Garner
(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 1947 (hour) _____ minute _____ M.21. I hereby certify that I attended the deceased from _____
to _____, 19 _____

that I last saw him _____ 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)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline
the cause to
which death
should be
charged sta-
tistically.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

5-30187