

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3801**  
Registrar's No. **1**

Registration District No. **374**

Primary Registration District No. **4547**

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: 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 41 years  
years, months or days

3. (a) PRINT FULL NAME James M. 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 Della G. Simons 6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased May 18, 1865  
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 15 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Taylor County Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation retired businessman

11. Industry or business \_\_\_\_\_

12. Name Thomas Simons 9  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Hays 9  
(City, town, or county) (State or foreign country)  
15. Birthplace unknown 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Della Simons  
(b) Address Grant City, Mo.

17. (a) burial (b) Date thereof January 5, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Grant City Cemetery

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

19. (a) Jan - 10 - 1948 (b) John E. Dawson  
(Date received local registrar) (Registrar's signature) 34

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth 112  
(c) City or town Grant City 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3  
year 1948 hour 1 minute 35 P. M.  
21. I hereby certify that I attended the deceased from Jan 3 1948  
1947 Jan 3 1947  
that I last saw him alive on Jan 3 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular  
of Basilar

Duration  
1 yr

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 510  
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) ✓  
(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 ✓ 0

23. Signature John E. Dawson (M. D. or other) MD  
Address Grant City, Mo. Date signed 1948

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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. Dunfee*

Licensed Embalmer No. *3252*

P. O. Address *Arant 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.**