No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 10 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

8271

State File No. .....

Registration District No. 8 ..... Primary Registration District No. 3017 ..... Registrar's No. 47

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 Weeks (Specify whether years, months or days)
In this community: All of life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cooper
(c) City or town: Boonville
(If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: George W. Simmons.
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: Widowed
6. (b) Name of husband or wife: Anna Simmons
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: February (Month) 6 (Day) 1860 (Year)

8. AGE: Years 88 | Months 1 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace: Cooper County, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Farmer.
11. Industry or business: —
FATHER
12. Name: Ben Simmons
13. Birthplace: Unknown, (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Katherine Densman
15. Birthplace: Unknown, (City, town, or county) (State or foreign country)
16. (a) Informant: Harry Simmons.
(b) Address: Pilot Grove, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 25th 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Walnut Grove Cemetery.
18. (a) Signature of funeral director: Goodman & Boller.
(b) Address: Boonville, Mo.
19. (a) 3-29-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1948 hour 2 minute 45 a.m.
21. I hereby certify that I attended the deceased from January 15, 1948, to March 24, 1948, that I last saw him alive on March 23, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Failure,	
Marked Pulmonary Congestion —	
Due to: Chronic Nephritis	
Hypertension —	
Due to: Chronic Insufficiency	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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: E. T. Humphreys (M. D. or other)
Address: Pilot Grove, Mo Date signed: 3/29/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-9-48

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 William W. Wood, Registered Apprentice No. 480, working under my personal supervision.

Signed J H Goodman

Licensed Embalmer No. 1178

P. O. Address Bonnville, 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.