S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13328

Registration District No. 700 | Primary Registration District No. 5729 | Registrar's No. 320

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Rural Ten Mile
(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 days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon 61
(c) City or town Macon R.F.D. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME James B. Simmons
3. (b) If veteran name war .....
3. (c) Social Security No. .....

4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Dec (Month) 6 (Day) 1857 (Year)

8. AGE: Years 90 | Months 3 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Macon Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business .....
FATHER
12. Name James B. Simmons /
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emeling Burber 0
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mr Highlife Barnes
(b) Address Macon, Mo. R.F.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Tabor Cem
18. (a) Signature of funeral director Stephen & Goodding
(b) Address Macon, Mo.
19. (a) 5-1-48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature) X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29" year 48 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw him alive on March 19 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio-Vascular Renal disease	5 yrs or more
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13.70

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) 0
While at work? ..... (e) Means of injury .....

23. Signature T. Thornoway (M.D. or other)
Address Macon Mo Date signed 4/9/48

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

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

MAY 20 1948

RECEIVED
District Health Officer No. 10
District File Number 5-48-85
Date Filed MAY 12 1948

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 James C. Coleman, Registered Apprentice No. 515, working under my personal supervision.

Signed C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address C. L. Stephens

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.