S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15649

Registration District No. 53 | Primary Registration District No. 3010 | Registrar's No. 166

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Ill. (b) County: Alexander
(c) City or town: Gale, Ill.
(If outside city or town limits, write "RURAL")
(d) Street No. 2nd. house on right from Stout's Store (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Marvie Daniel Simmons
3. (b) If veteran, name war: #2
3. (c) Social Security No. Don't know
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Juanita Simmons
6. (c) Age of husband or wife if alive: 20 years
7. Birth date of deceased: Sept. 10, 1920 (Month) (Day) (Year)

8. AGE: Years 27 | Months 8 | Days 14 | If less than one day: hr. min.

9. Birthplace: Massac Co. (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: laborer
11. Industry or business: --

MOTHER FATHER
12. Name: Roy Simmons
13. Birthplace: Johnson County (City, town, or county) Ill. (State or foreign country)
14. Maiden name: Ida Corzine
15. Birthplace: Massac County (City, town, or county) Ill. (State or foreign country)

16. (a) Informant: Roy Simmons
(b) Address: Gale Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hutchinson Cemetery Gale, Ill.
18. (a) Signature of funeral director: [illegible]
(b) Address: Cape Girardeau, Mo.
19. (a) 5-25-48 (Date received by registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1948 hour 11:00 minute P M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage - Shock & severing of the spinal Cord in the thorax
Due to: Are a
Due to: being shot with a 38 Caliber Smith & Wesson Revolver.
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

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): Homicide
(b) Date of occurrence: May 24, 1948
(c) Where did injury occur? Gale (City or town) Alexander (County) Ill. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Carter's Tavern - Gale, Ill. (Specify type of place)
While at work? No (f) Means of injury: 38 Caliber Revolver
23. Signature: Dr. J. F. Sigmund Coroner (M. D. or other)
Address: Jackson, Mo. Date signed: 5/26/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 648-70
Date Filed 6-1-48

NOV 13 1958

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 Howard L. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.