

3. No. 2  
1-1/47  
5-17-39

National Office of Vital Statistics

FILED JUN 9 1948

Registration District No. 291

Primary Registration District No. 3056

Registrar's No. 113

1. PLACE OF DEATH

(a) County Randolph

(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Woodland Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly  
(If outside city or town limits, write "RURAL")

(d) Street No. 1003 Buchanan  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DONALD WAYNE SIMMONS

3. (b) If veteran name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1948 hour 3 minute 45 p M

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw him alive on April 19 1948 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to prematurity wght 3 lbs 1/2 none

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

Other conditions Mother has acute cholecystitis  
(include pregnancy within 3 months of death)

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April - 17 - 1948  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>2</u>	_____ hr. _____ min.

9. Birthplace Moberly Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

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

12. Name John Simmons

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

14. Maiden name Marie White

15. Birthplace Marionville Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ola Mae White

(b) Address 1003 Buchanan Moberly MO

17. (a) Burial (b) Date there Apr - 20 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Salem Mason Co.

18. (a) Signature of funeral director Wm. J. Quinn Funeral Home

(b) Address Moberly Missouri

19. (a) Apr 20 48 (b) Leah Williams  
(Date received local registrar) (Registrar's signature)

Duration \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 159

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 0

23. Signature Robert H. Young (M. D. or other)

Address Woodland Hosp Moberly Mo Date signed 4-20-48

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 10  
District File Number 6-48-1028  
Date Filed JUN-8-1948

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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

*Infant  
Not Embalmed*

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.