

S. No. 30
M-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19979
State File No. 19979
Registrar's No. 33

Registration District No. 194

Primary Registration District No. 3035

4
3
2
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lexington
(c) Name of hospital or institution: South 23rd St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: Most of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Lexington 54
(If outside city or town limits, give "RURAL")
(d) Street No. South 23rd St. 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country 0

3. (a) PRINT FULL NAME ARTHUR T. SIMMERMAN
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 ANNA J. JACKSON 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased 6 11 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months Days If less than one day hr. min.

9. Birthplace ODESSA MOO
(City, town, or county) (State or foreign country)

10. Usual occupation COAL MINER

11. Industry or business

MOTHER FATHER
12. Name BEN. J. SIMMERMAN
13. Birthplace VA
(City, town, or county) (State or foreign country)
14. Maiden name MARTHA GREENS
15. Birthplace VA.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS ANNA SIMMERMAN

(b) Address LEXINGTON, MO

17. (a) BURIAL (b) Date thereof 6-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEXINGTON, MO

18. (a) Signature of funeral director: [Signature]

(b) Address Lexington, Mo

19. (a) 6-12-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 11
year 1948 hour 12 minute 14 A.M.

21. I hereby certify that I attended the deceased from 1/20/48 19 to 6/11/48 19
that I last saw him alive on June 6, 1948 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction
Duration

Due to: Pericardial effusion

Due to: Arteriosclerosis

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: [Signature]

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

23. Signature: [Signature] (M. D. or other)

Address: Lexington MO Date signed 6/12/48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 7-14-48

Paquet

AUG 13 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.

Signed..... *Geo. McKean*

Licensed Embalmer No. 2983

P. O. Address *Levington, Wis.*

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.