S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 5 1948
Registration District No. ____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4475

State File No. 35286
Registrar's No. 226

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Malta Bend, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Malta Bend 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Saline 97
(c) City or town: Malta Bend 0
(If outside city or town limits, write "RURAL")
(d) Street No. ____ 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: John David Simmons
3. (b) If veteran, name war: —
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Bertha Alice Simmons
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: January (Month) 20 (Day) 1882 (Year)

8. AGE: Years 66 | Months 9 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace: Preston (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ____

FATHER
12. Name: Hugh L. Simmons 1
13. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name: Sarah Edde
15. Birthplace: Unknown (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Walter Simmons
(b) Address: Malta Bend, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 23 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Preston, Mo.
18. (a) Signature of funeral director: Campbell Funeral
(b) Address: Marshall, Mo.
19. (a) Oct 24-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature) 24 28

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th year 1948 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from 1 — 1 1945 to 10 — 20 1948 that I last saw him alive on 10 — 20 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis acute	24 hours
Due to: Asthma and Bronchitis	8 days
Due to:	
Other conditions (include pregnancy within 3 months of death): arteriosclerosis generalized	3 yrs

Major findings:
Of operations: ____
Of autopsy: (N.D.)

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: Geo A. Kelling (M. D. ~~or other~~)
Address: Waverly Mo Date signed 10-21-48

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

RECEIVED
District Health Officer No. 8,

District File Number_____

Date Filed 11-4-48

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_____, Registered Apprentice No._____, working under my personal supervision.

Signed R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall 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.