

JAN 10 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43863  
Do not use this space.

1. PLACE OF DEATH, 3  
(a) County Lawrence 1 Registration District No. 470  
(b) Township Primary Registration District No. 5633 Registered No. 173  
(c) or City Mt. Vernon (d) Street No. Missouri State Sanatorium St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 1 yrs. 9 mos. 3 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Simmons  
(a) Residence, No. Clayton, Missouri St. (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4, 1887  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 52 11 9  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 1939 11. Total time (years) spent in this occupation  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri  
13. NAME Charles Simmons  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri  
15. MAIDEN NAME Lottie Donothan  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri  
17. INFORMANT E. McMichael, Record Clerk (ADDRESS) Missouri State Sanatorium  
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Co. DATE Dec. 16, 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Baumann Bros. 2504 Woodson Rd. Overland  
20. FILED Dec. 13, 1939 P. H. Holman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1939  
22. I HEREBY CERTIFY, That I attended deceased from March 9, 1939, to Dec. 12, 1939  
I last saw him alive on Dec. 11, 1939. Death is said to have occurred on the date stated above, at 2:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary tuberculosis Date of onset 1937  
Other contributory causes of importance: 22  
Name of operation Date of  
What test confirmed diagnosis? Clinical Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury  
Nature of injury  
24. Was disease or injury in any way related to occupation of deceased?  
If so, specify (Signed) Maurice T. Jones, M. D. (Address) Mt. Vernon, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 140-89

Date Filed JAN 9 1940

*Handwritten signature*

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**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.....

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, above space should be left blank.**