

No. 2  
-10-30  
17-30  
X27622

JUL 12 1940  
Registration District No. 85

Primary Registration District No. 1001

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

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution Mo. Meth. Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days)  
3. (a) PRINT FULL NAME Edward Simmons

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Nov. 24th 1858  
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Nodaway Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

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

12. Name John Riley

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

14. Maiden name LITA BEST  
(State or foreign country)

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

16. (a) Informant Ed. McCall

(b) Address White Cloud, Kansas

17. (a) Removal (b) Date thereof JUNE 4, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiawatha, Kan.

18. (a) Signature of funeral director FLEEMAN & SON

(b) Address St. Joseph, Mo.

19. (a) 6/4/40 (b) H. J. Reithel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kansas (b) County Brown  
(c) City or town Hiawatha  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 4th  
year 1940 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 15 -  
1940 to June 4 -, 1940  
that I last saw him alive on June 4 -, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary  
edema

Due to Prostatic obstruction +  
abscess

Due to Prostatic hypertrophy

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Obstructing prostate

Of autopsy None

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?  
85

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Paul Jurgens (M. D. or other) 1  
Address St. Joseph, Mo. Date signed 6-4-40

Duration  
1 day  
20 day  
137  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 \_\_\_\_\_

*C. G. Swan*

Licensed Embalmer No. 4082

P. O. Address St Joseph

**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.**