FILED AUG 23 1940

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

26567
Do not use this space.

1. PLACE OF DEATH
(a) County: Webster — Registration District No.: 897
(b) Township: Finley — Primary Registration District No.: 6101 — Registered No.: 17
(c) City: — (d) Street No.: — 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: 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Myra Simmons
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-11-1870
7. AGE: Years 70 | Months 6 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as saw mill, bank, etc.: Farmer
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Johnson Co. Ill.

FATHER
13. NAME: John C. Simmons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Celia E. Keagan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Mrs. Catherine Webb Seymour, Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Antioch Cem. DATE: July 28, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Kelley & Ferrell Seymour Mo.
20. FILED: 7/27, 1940 R. E. McMahan, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 26, 1940
22. I HEREBY CERTIFY, that I attended deceased from Sept 6, 1939, to July 26, 1940
I last saw him alive on July 25 1940, 19..... Death is said to have occurred on the date stated above, at 12:10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	1930
Cardiac enlargement	
Hypertension	
131	
Other contributory causes of importance:	
Cardiovascular renal Disease	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

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) H. L. Ford D.O., M. D.
(Address) Seymour Mo.
8-23

(Licensed Embalmer's Statement on Reverse Side)

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 840.2401
Date Filed AUG 05 1940

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 K K Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.