

FILED JAN 17 1947

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42768

State File No. _____

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 290

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Charles E. Simmons

3. (b) If veteran, name war none 3. (c) Social Security No. 496-03-564

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Jan 16 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Borbon Oregon
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business W.P.A.

12. Name no record

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Ja. Co. Stone

(b) Address Little Blue, Mo.

17. (a) Burial (b) Date thereof Nov. 25 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stone Hills Cem.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo.

19. (a) Nov. 25 40 (b) J. R. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 548 Main St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 19 year 40 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of the Skull

Due to: Hit by Car

Due to: Pedestrian

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 11-19-40

(c) Where did injury occur? Jackson
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 360

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

23. Signature Disraeli (M. D. or other) 5

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18
5
4

2 C

RECEIVED

Jackson County Health Dept.

County File Number

Date Filed

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

Alex J. Carson

Registered Apprentice No. *237*

working under my personal supervision.

Signed

Don B. B. B.

Licensed Embalmer No. *2467*

P. O. Address *Independence, 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, above space should be left blank.