

No. 2
-13-40
-17-39
X23157

Registration District No. **165**

Primary Registration District No. **5230**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County **Cedar**
(b) City or town **Rural Jefferson**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **All of Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar MO**
(c) City or town **Rural**
(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.?

3. (a) PRINT FULL NAME **Loshia ANN Simmons**

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **R. G. Simmons** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **Dec. 28 1841**
(Month) (Day) (Year)

8. AGE: Years **99** Months **1** Days **9**
If less than one day hr. min.

9. Birthplace **Cedar County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name **Greer Simmons**

13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **T. B. Simmons**
(b) Address **Blumegay, Mo.**

17. (a) **Rural** (b) Date thereof **2-7-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **hickory Prairie**

18. (a) Signature of funeral director **A. C. Davis & Co.**
(b) Address **Stockton, Mo.**

19. (a) **Jan 30** (b) **Mrs. Minnie Korteton**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **6**
year **1941** hour **3** minute **P.** M.

21. I hereby certify that I attended the deceased from
19 **Feb. 6** to **Feb. 6** 19**41**;
that I last saw her alive on **Feb. 6** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis

Due to **Disease of Coronary Arteries**
Due to

Other conditions
(Include pregnancy within 3 months of death) **NHW**

Major findings:
Of operations
Of autopsy

Duration
PHYSICIAN
Underline the cause to 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?
925
While at work? (Specify type of place) (e) Means of injury

23. Signature **J. B. Lighter** (M.D. or other) **M. D.**
Address **Stockton, Mo.** Date signed **2-7-41**

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

MOTHER FATHER

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.