

JAN 14 1942
Registration District No. 2-74

Primary Registration District No. 4356

Registrar's No. 3

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Marston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one week
(Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid

(c) City or town Marston 72
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME John Calvin Simmons

3. (b) If veteran, name war.

3. (c) Social Security No.

20. DATE OF DEATH: Month Dec. day 29
year 1941 hour 6 minute 30 A. M.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lille Simmons

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased February 9, 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 23, 1941, to Dec 29, 1941;
that I last saw him alive on Dec 28, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 10 Days 10
If less than one day hr. _____ min _____

Immediate cause of death Influenza

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Tipton Co. Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name W. C. Simmons

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

14. Maiden name Lula Cross

15. Birthplace Tipton Co. Tenn.
(City, town, or county) (State or foreign country)

Major findings: Of operations 330

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Gossie Crowe

(b) Address Marston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Mounds Cemetery

18. (a) Signature of funeral director H. S. Smith

(b) Address Caruthersville, Mo.

19. (a) 12-30-41 (Date received local registrar)

(b) Paul Gope (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Edward M. Papp (M. D. or other) U

Address Marston, Mo. Date signed 12-29-41

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

12
0
0

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.....

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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, fact should be so stated above.