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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1942

Registration District No. 25

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6004

Primary Registration District No. 1001

Registrar's No. 223

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

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 819 Sylvanie St. (Home) (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 years (Specify whether years, months or days)

In this community: 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No.: 819 Sylvanie (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Charles V. Simmons

3. (b) If veteran, name war: No

3. (c) Social Security No. 487-14-4532

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Carma

6. (c) Age of husband or wife if alive: 38 years

7. Birth date of deceased: January (Month) 17 (Day) 1903 (Year)

8. AGE: Years 39 Months 1 Days 16 If less than one day ___ hr. ___ min.

9. Birthplace: Mountain View (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Cook

11. Industry or business: Restaurant

FATHER
12. Name: Samuel Simmons
13. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Mary Maise
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Carma Simmons (Wife)

(b) Address: 819 Sylvanie St, St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3/4/42 (Month) (Day) (Year)

(c) Place: burial or cremation: Woodward, Iowa

18. (a) Signature of funeral director: John E. Rupp

(b) Address: 6054 Prior Ave St. Joseph, Mo.

19. (a) Mar. 4, 1942 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1942 hour 2:00 minute P M.

21. I hereby certify that I attended the deceased from ~~August~~ ~~Sept~~ Aug 6, 1940 to March 3, 1942 that I last saw h. ~~alive~~ alive on ~~August~~ Feb 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis

Due to: Cachexia

Due to:

Other conditions (Include pregnancy within 3 months of death): 13 Pl

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: [illegible] M.D. (or other)

Address: St. Joseph Mo Date signed: 3-4-42

(Licensed Embalmer's Statement on Reverse Side)

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed John E Rupp

Licensed Embalmer No. 3986

P. O. Address 6054 Pryor Ave., St. Joseph, Missouri

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.