

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **GREENE**

(a) County **Greene**

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

(c) Name of hospital or institution:
Corner Jefferson & Phelps St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None** (Specify whether)

In this community **15 years.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")

(d) Street No. **527 E. Phelps**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) **No**
If yes, name country

3. (a) PRINT **WILLIAM E. SIMMONS**
FULL NAME

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Mrs. Viola Simmons**

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

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **76** Months Days If less than one day
PROBABLY hr. min.

9. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

10. Usual occupation **Teamster**

11. Industry or business

12. Name **Unknown**

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

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Noble Richards**

(b) Address **609 Mitchell**

17. (a) **Burial** (b) Date thereof **10/23/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **East Lawn Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
Springfield, Missouri

(b) Address

19. (a) **10-23-42** (b) **K. W. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **20**
year **1942** hour **two** minute **15** p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial failure** Duration **0**

Due to **hypertension**

Due to **diabetes mellitus**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **61**
Of operations

Of autopsy

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 **3**

23. Signature **James C. Stone** (M. D. or other) _____
Address **Springfield, Mo.** Date signed **10-21-42**

PHYSICIAN
Underline the cause to which death should be charged statistically.

984

X

FEB 18 1947

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..... 1767
P. O. Address..... Springfield 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.