

No. 2
-3-42
-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40908

State File No.

FILED JAN - 8 1942

Registration District No.

Primary Registration District No. 4234

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Louis Simms

3. (b) If veteran, name war no
3. (c) Social Security No. none

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

6. (b) Name of husband or wife Ida Bell Simms
6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased December 21 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 2
If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

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 B. P. Burnham
(b) Address Ironton Missouri

17. (a) burial (b) Date thereof 12-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address P. J. White Ironton Mo.

19. (a) 12-30-42 (b) Thurgood Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles west of Belleview
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1942 hour 8:30 minute a. M.

21. I hereby certify that I attended the deceased from Nov 16 1942 to Dec 23 1942
that I last saw him alive on Dec 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia, acute lobar
Duration 3 days
Due to Cerebral apoplexy 3 mos.
Due to Arterial sclerosis, general 3 years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 108
Of autopsy
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 Ben W. Bull (M. D. or other) M. D.
Address Ironton, Mo. Date signed 12-29-42

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

MOTHER FATHER

12 83

RECEIVED

District Health Officer No. 4
District File Number 143-1582
Date Filed 1-7-43

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

Arnell White

Licensed Embalmer No. 3012

P. O. Address Trinton, 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.