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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1943
Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17907

State File No.
Primary Registration District No. 2000
Registrar's No. 444

1. PLACE OF DEATH:

(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: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Okfuskee 999
(c) City or town Okemah
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Isham Chester Simmons
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex M.
5. Color or race wht
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Jan (Month) 28 (Day) 1881 (Year)

8. AGE: Years 62 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Dallas Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Carpenter.
11. Industry or business
FATHER
12. Name Polk Simmons
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs Burton E. Towne
(b) Address Dover, Okla
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-31-43 (Month) (Day) (Year)
(c) Place: burial or cremation Okemah Okla.
18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo Mo
19. (a) 6-1-43 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1943 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 20, 1943, to May 29, 1943 that I last saw him alive on 5/31, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio-Vascular-renal disease	1 yr +
Due to	
Due to	
Other conditions Anasarca (Include pregnancy within 3 months of death)	2 mo

Major findings:
Of operations
Of autopsy
3 1 0

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 Guy D Callaway (M. D. or other) MD
Address Springfield Mo Date signed 6/1/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Leonard B. Jones

Licensed Embalmer No. 2508

P. O. Address. Buffalo 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.