

FILED FEB 11 1944

Registration District No.

Primary Registration District No. 2000

Registrar's No. 85

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:
467 S. MARKET ST.
(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 **EUGENE EYERTON SIMMONS**

3. (b) If veteran, name war **NONE** 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 **MARY E. SIMMONS** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **JUNE 1 1870**
(Month) (Day) (Year)

8. AGE: Years **1 73** Months **7** Days **22** If less than one day hr. min.

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

10. Usual occupation **Retired Merchant**

11. Industry or business **merchandising**

12. Name **Unknown**

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

14. Maiden name **Mrs. Doss**

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

16. (a) Informant **Mrs. W. W. Kline**

(b) Address **SPRINGFIELD MO.**

17. (a) **Burial** (b) Date thereof **Jan 25 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park Cem**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **GREENE** **39**
(c) City or town **SPRINGFIELD**
(If outside city or town limits, write "RURAL")
(d) Street No. **467 S. MARKET ST.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **23rd**
year **1944** hour **11** minute **20** P. M.

21. I hereby certify that I attended the deceased from **Feb. 24 1943** to **Jan 23 1944**
that I last saw him alive on **Jan 22 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of bladder, infiltrating type**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **infiltrating carcinoma of bladder**
Of autopsy **no**

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

MOTHER FATHER

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?

23. Signature **Walter H. Jewell** (M. D. or other) **M.D.**
Address **Springfield Mo.** Date signed **1-24-44**

While at work? (Specify type of place) (b) Means of injury.....

USE WRITING BLACK INK - MAKE A PERMANENT RECORD

APR 28 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.....

Roy A. Swain

Licensed Embalmer No.....

1763

P. O. Address.....

Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

X