

No. 2
-5-43
5-17-39
X36671

FILED JAN 26 1944

Registration District No. 2

Primary Registration District No. 6248

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Rural Hanson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright
(c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME Joseph T Simmons

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex W 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nancy Simmons
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Nov 6 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 28
If less than one day hr. _____ min. _____

9. Birthplace Wright Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Simmons
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Massey
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Eldridge Simmons
(b) Address Labanon Mo

17. (a) Burial (b) Date thereof 11/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McBride

18. (a) Signature of funeral director W.E. Holman
(b) Address Labanon Mo

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1943 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from Oct 1 1943 to Nov 1 1943
that I last saw him alive on Nov 1 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Cancer Duration 108

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: J. H. Hough PHYSICIAN
Of operations _____
Of autopsy _____
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 _____ (M. D. or other) _____
Address _____ Date signed _____

1018

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

400

RECEIVED

District Health Officer No. 6;

District File Number 144-76

Date Filed JAN 19 1944

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.....

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

Signed W. E. Holman.....

Licensed Embalmer No. 4107.....

P. O. Address Tebanus, Md.....

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.

Registration District No. (290)

Primary Registration District No. (6229)

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Comptonsville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Joseph T. Simon

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Nancy 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Mo (Month) 6 (Day) 1873 (Year)

8. AGE: Years 72 Months 11 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Wright Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Joseph

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

14. Maiden name Nancy Massey

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

16. (a) Informant Clardel Simon

(b) Address Lebanon, Mo.

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 11/5/43 (Month) (Day) (Year)

(c) Place: burial or cremation McRuel

18. (a) Signature of funeral director W. E. Selman

(b) Address Lebanon, Mo.

19. (a) Mar 19 44 (Date received local registrar?) (b) John M. Vestal (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright
(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 3 Year 1943 hour _____ minute _____ M.

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

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death tubercular pneumonia

Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. V. Hargis (M. D. or other)

Address Lebanon, Mo. Date signed 11-4-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

PERMANENT

4836