

FILED MAY 8 1944

Registration District No. 72/1

Primary Registration District No. 3025

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains Howell Twp.
(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 8 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town West Plains (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 Cyrus Elmer Simmons

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Reese 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased April 1 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>11</u>	<u>21</u>	hr. _____ min.

9. Birthplace Millersburg Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 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 Howard Simmons
(b) Address West Plains, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/26/44 (Month) (Day) (Year)
(c) Place: burial or cremation Hastings Nebr.

18. (a) Signature of funeral director Les J...
(b) Address Thayer, Mo.

19. (a) 8-44 (Date received local registrar) (b) Paul Taylor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1944 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from Did not
treat him for last illness 19____ to 19____
that I last saw him alive on March 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration Instant

Due to Ch. Myocarditis with Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92d

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 _____ M.D.
Signature Art Thomburg (M. D. or other) 3/24/44
Address West Plains, Missouri Date signed _____

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

76
Q
4

MOTHER FATHER {

PHYSICIAN

Underline the cause to which death should be charged statistically.

Thomburg

S. B. BEECHER, M. D.

Special Agent, Bureau of the Census
SALEM, MISSOURI

RECEIVED

District Health Officer No. 5.

District File Number 444 274

Date Filed 5-6-44

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 Geo. Ray

Licensed Embalmer No. 2852

P. O. Address.....

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.