

FILED JUN 2 1944

Registration District No. **82**

Primary Registration District No. **4443017**

Registrar's No. **72-72**

1. PLACE OF DEATH:

(a) County **Cooper**
(b) City or town **Boonville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St. Joseph's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
(Specify whether years, months or days) **73 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**
(c) City or town **Pilot Grove**
(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 _____

3. (a) PRINT FULL NAME

WILLIAM-BROOKS-SIMMONS

MEDICAL CERTIFICATION

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

DATE OF DEATH: Month **May** day **8**
year **1944** hour **10:08** minute **45 P.M.**

4. Sex **Male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Nov. 7 - 1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 1st**, 19**44**, to **May 8th**, 19**44**;
that I last saw him alive on **May 8**, 19**44**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic interstitial Nephritis**

8. AGE: Years **73** Months **6** Days **1** If less than one day **hr. min.**

Due to _____
Due to _____

9. Birthplace **Pilot Grove Mo.**
(City, town or county) (State or foreign country)

Other conditions **Chronic interstitial Nephritis**
(Include pregnancy within 3 months of death)

10. Usual occupation **Farmer**

PHYSICIAN

11. Industry or business **Farmer**

Major findings: Of operations **131a**
Of autopsy _____
Underline the cause to which death should be charged statistically.

12. Name **Alfred Neal Simmons**

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

14. Maiden name **Martha D. Miller**

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

16. (a) Informant **J. C. Simmons**

(b) Address **Pilot Grove Mo.**

17. (a) **Burial** (b) Date thereof **5-10-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pilot Grove Cem.**

18. (a) Signature of funeral director **Hayo + Painter**

(b) Address **Pilot Grove Mo.**

19. (a) **May-10-44** (b) **Dr. Chas. Swap**
(Date received local registrar) (Registrar's signature)

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 **B. L. Evans** (M. D. or other) _____

Address **Boonville Mo.** Date signed **5-9-44**

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

373

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-1-44

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 Myself

Registered Apprentice No. _____

working under my personal supervision.

Signed

Rayton E. Hayes

Licensed Embalmer No. 3074

P. O. Address

Pilot Grove, W.

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.