

S. No. 2  
1-8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 26 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41388

State File No. \_\_\_\_\_

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 598

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Joplin, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
711 Broadway  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 years  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Joplin  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 711 Broadway  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ida V. Simmons  
 (b) If veteran, name war No.  
 (c) Social Security No. N 8

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 14  
 year 1944 hour 5 minute 45 P.M.

4. Sex Female 5. Color or race Colored  
 6. (a) Single, widowed, married, divorced Widowed  
 (b) Name of husband or wife L. S. Simmons  
 (c) Age of husband or wife if alive Deceased  
 7. Birth date of deceased October 10 1869  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 2-44  
Dec 11, 1944, to Dec 11, 1944  
 that I last saw her alive on Dec 11-44  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
75 2 4 hr. min.

Immediate cause of death Myocarditis  
 Duration \_\_\_\_\_

9. Birthplace Waco Texas  
 (City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to 93e

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

12. Name Hayden Williams

Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

14. Maiden name Martina Warner  
 (State or foreign country)

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

16. (a) Informant Mrs. Hortense L. King

(b) Address Joplin Mo

17. (a) Removal (b) Date thereof Dec 16 '44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston Texas  
Hurlbut Unde Co.

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address Joplin, Mo.

19. (a) 12-15-44 (b) Arthur S. Southworth  
 (Date received local registrar) (Registrar's signature)

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 0

23. Signature Guy B. Minnith (M. D. or other) MD  
 Address 401 Finner Rd Date signed 12-15-44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

1204

44-12-1040

---

---

**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..... *James K. [Signature]*

Licensed Embalmer No..... *959*

P. O. Address..... *Japan 2*

**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.**