3. No. 2
—1-4-41
5-17-39
PI X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1945

Registration District No. 7

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 12979

Registrar's No. 117

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brandon.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missorui (b) County Stoddard 103
(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 Thomas J. Simmerman.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7 (Month) 15 (Day) 1870 (Year)

8. AGE: Years 75 Months 9 Days If less than one day hr. min.

9. Birthplace Acron (City, town, or county) Ill. (State or foreign country)
10. Usual occupation
11. Industry or business Farming
FATHER
12. Name James R. Simmerman.
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Mcantosh.
15. Birthplace Cadiz (City, town, or county) Ky. (State or foreign country)
16. (a) Informant Thomas Simmerman.
(b) Address Dudley Mo. R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 16 (Day) 45 (Year)
(c) Place: burial or cremation Rock Hill
18. (a) Signature of funeral director Watkins Service
(b) Address Poplar Bluff Mo
19. (a) 4-20-45 (Date received local registrar) (b) Belle Rinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1945 hour 4: minute P. M.
21. I hereby certify that I attended the deceased from April 10 1945 to April 15 1945 that I last saw him alive on April 15 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Endo Carditis.	3 mo.
Due to Acute nephritis	6 mo
Due to	
Other conditions Chronic Nephritis. (Include pregnancy within 3 months of death)	1 year

Major findings:
Of operations
Of autopsy

PHYSICIAN
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 Poplar Bluff, Mo. Date signed 4-18-45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 545-652
Date Filed 5-7-45

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 Not embalmed, Registered Apprentice No. , working under my personal supervision.

Signed Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Hexter Me

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.