S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24487

FILED JUL 7 1945

Registration District No. _____ Primary Registration District No. 3044 Registrar's No. 78

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Eldon (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 years, months or days) In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller
(c) City or town Eldon (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 Ely Edward Simmons
3. (b) If veteran, name war no
3. (c) Social Security No. 500-09-8940
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Delphia Simmons
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased December (Month) 3 (Day) 1871 (Year)

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

9. Birthplace Moniteau Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Railroad Worker
11. Industry or business _____
FATHER 12. Name John Simmons
FATHER 13. Birthplace _____ (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Martha Apperson
MOTHER 15. Birthplace _____ (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. E. E. Simmons
(b) Address Eldon, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Dooley Cemetery
18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri
19. (a) 6-9-45 (Date received local registrar) (b) W. B. Spearman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1945 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from 5-20, 1945 to 6-7, 1945 that I last saw him alive on 6-7, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	5 Day
Due to Chronic Interstitial Nephritis	yrs
Due to Cerebral Hemorrhage	yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations N/A	
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 E. E. Shelton (M. D. ~~or other~~)
Address Eldon Mo Date signed 6-9-45

1114

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 62-45
Date Filed 6-5-45

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 Louis D. Phillips, Registered Apprentice No. ____, working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.