

S. No. 2
M-5-43
P. 5-17-39
X39871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1946
Registration District No. 360
Primary Registration District No. 6225
State File No. 42751
Registrar's No. 195

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Wanda, Rural Wash. Twp.
(c) Name of hospital or institution:
State Hosp. No. 3 2
(d) Length of stay: In hospital or institution 24 1/2 mo 24 days
In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn
(c) City or town Clinton
(d) Street No. 0
(e) Citizen of foreign country? no
If yes, name country _____

3. (a) PRINT FULL NAME John Franklin Simmons
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 28
year 45 hour 5 minute 30 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

7. Birth date of deceased Jan 10 1918
(Month) (Day) (Year)

Immediate cause of death Electrocution
Accidental death
Due to holding electric light socket
low tension current standing
Due to on-damp ground

8. AGE: Years 27 Months 11 Days 18
If less than one day _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Brownington Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business _____

Major findings: Of operations _____
Of autopsy no
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name John Franklin Simmons
13. Birthplace Missouri
14. Maiden name Bessie Ballard
15. Birthplace Missouri
16. (a) Informant Hospital Records
(b) Address Nevada, Missouri
17. (a) Removal (b) Date thereof 12-29-45
(c) Place: burial or cremation Clinton, Mo.
18. (a) Signature of funeral director Mark Eichinger
(b) Address Nevada, Mo.
19. (a) 1-2-46 (b) Nathyn Jansen
(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) accident
(b) Date of occurrence 12-28-45
(c) Where did injury occur? Vernon, Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Chicken Farm.
While at work? (e) Means of injury Electrocution
23. Signature Mark Eichinger
Address Nevada, Mo. Date signed 12/29/45

RECEIVED

City Officer No. 7,

12-43-13 17

Date Filed 1-10-46

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:

working under my personal supervision. Registered Apprentice No.

Signed *Mark E. Eichen*

Licensed Embalmer No. *26 56*

P. O. Address *Nevada, Mo.*

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.