

FILED MAY 13 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Station Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hrs.
(Specify whether years, months or days)

In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn

(c) City or town Wakenda, Mo.
(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 LILLIAN SIMMS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1946 hour 5:15 minute _____ P. M.

4. Sex Fe 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oliver Simms

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased: Nov. 30 1906
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 28 1946 to April 30 1946
that I last saw her alive on April 30 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 39 Months 5 Days 0
If less than one day hr. _____ min. _____

Immediate cause of death Intestinal Euphuza Duration 2 day

9. Birthplace Wakenda Mo.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

10. Usual occupation At Home

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Grant Adkins

13. Birthplace Carroll Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Crow

15. Birthplace Carroll Co. Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Oliver Simms

(b) Address Wakenda, Mo.

17. (a) Burial (b) Date thereof 5-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

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? _____

18. (a) Signature of funeral director Stanley Gibson
(Specify type of place) (c), Means of injury.

(b) Address Carrollton Mo

19. (a) 4/30/46 (b) Th. Herbert Calvert
(Date received local registrar) (Registrar's signature)

23. Signature P. Ann. Stator (M. D. or other) MD

Address Carrollton, Mo Date signed April 30

11415 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

5-10-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address..... *Carrollton 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.