

FILED MAY 14 1946

Registration District No. _____

Primary Registration District No. 4347

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Grant City
(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 _____)

In this community _____ (Specify whether _____)
years, months or days Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

(c) City or town Grant City
(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 Everett C. Simmons

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 (Day) (Year)

7. Birth date of deceased July 20 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>74</u>	<u>6</u>	<u>16</u>	hr. min.
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9. Birthplace Grant City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation day laborer

11. Industry or business _____

MOTHER FATHER

12. Name Joel Simmons

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

14. Maiden name Virginia Nancy

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

16. (a) Informant Robert Simmons
(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 4-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Cemetery

18. (a) Signature of funeral director Arch C. Duffell
(b) Address Grant City Mo

19. (a) April 19-46 (b) Edna E. Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 6
year 1946 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-28 1946 to 4-6 1946; that I last saw home alive on 4-6 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion of heart

Duration 3 hrs

Due to _____

Due to _____

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

PHYSICIAN

Major findings: no

Of operations no

Of autopsy no

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) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature Edna E. Dawson (M.D. or other) _____
Address Grant City Mo Date signed 4-6-46

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

W
1
0

4
4
3
4

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *Arch C Lumber*

Licensed Embalmer No. *3252*

P. O. Address..... *Grant City, 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.