S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16347

FILED JUN 12 1946

Registration District No. 728 Primary Registration District No. 2000 Registrar's No. 437

1. PLACE OF DEATH:

(a) County Greene.

(b) City or town Springfield, Mo

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

(c) Name of hospital or institution: Springfield Baptist Hospital. 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hr. (Specify whether years, months or days)

In this community 5 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Ash Grove Missouri R1. 0

(If outside city or town limits, write "RURAL")

(d) Street No. Rural Walnut Grove Township. 0

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Barbara Aline Simmons -

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Delbert C. Simmons

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

7. Birth date of deceased May (Month) 20th. (Day) 1919 (Year)

8. AGE: Years 26 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Ebberton (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation House Wife,

11. Industry or business General Farm Wife duties

MOTHER FATHER

12. Name Robert Beck.

13. Birthplace UNK. (City, town, or county) Kansas 1 (State or foreign country)

14. Maiden name Martha Gilmore

15. Birthplace UNK. (City, town, or county) Arkansas 1 (State or foreign country)

16. (a) Informant Mrs. Martha Beck

(b) Address Ash Grove, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery Walnut Grove, Missouri

18. (a) Signature of funeral director Geo. A. Brown

(b) Address Walnut Grove, Missouri

19. (a) May-20-1946 (Date received local registrar) (b) W S Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day May - year 1946 hour 12 minute 15 a.m.

21. I hereby certify that I attended the deceased from 5/19 - 5/19, 1946, to 5/19 - 5/19, 1946, that I last saw her alive on 5/19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death 3d degree burns over entire body surface — Duration 6 hr.

Due to Jump from stove

Due to Poured Coaldil on fire and caught on fire

Other conditions (Include pregnancy within 3 months of death) 0

Major findings: Of operations NO

Of autopsy NO

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) Accident

(b) Date of occurrence 5/19/46 39

(c) Where did injury occur? Home (City or town) Greene Co (County) Walnut Grove (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home NO (Specify type of place)

While at work? yes - 1 or 2 Occupation of injured Burns

23. Signature [illegible] (M.D. or other)

Address Springfield, Missouri Date signed 7/20/1946

(Licensed Embalmer's Statement on Reverse Side)

111

IV

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 Gene A. Brind

Licensed Embalmer No. 2664

P. O. Address Walnut Grove Missouri

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.