

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

FILED JUN 24 1946

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

1. PLACE OF DEATH:
 (a) County: Dunklin
 (b) City or town: _____
 (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 _____ years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Arkansas (b) County: Greene **999**
 (c) City or town: Paragould
 (If outside city or town limits, write "RURAL")
 (d) Street No.: Rte. # 3 (If rural, give location) **2**
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME: FRED C. SIMMONS
 3. (b) If veteran, name war: World War 11 3. (c) Social Security No.: _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 31st
 year 1946 hour 5 minute 30 p.m.

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: Lennie Allene Simmons 6. (c) Age of husband or wife if alive: 19 years
 7. Birth date of deceased: January 12th. 1922
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Broken neck Duration _____

8. AGE: Years Months Days If less than one day
24 4 17 hr. min.

Due to: Automobile accident

9. Birthplace: Wayne Co. Mo. (City, town, or county) (State or foreign country)
 10. Usual occupation: Laborer & farmer.

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

MOTHER FATHER
 11. Industry or business: _____
 12. Name: Arthur T. Simmons
 13. Birthplace: Catron Mo. (City, town, or county) (State or foreign country)
 14. Maiden name: Elsie Olive Hall
 15. Birthplace: Wayne Co. Mo. (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations: _____
 Of autopsy: _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant: Arthur Simmons
 (b) Address: Hornersville, Mo. Star Rte.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/2/46 (Month) (Day) (Year)
 (c) Place: burial or cremation: Center Hill Cem.
 18. (a) Signature of funeral director: Wayne L. Mitchell
 (b) Address: Paragould Ark.
 19. (a) 6-13-46 (Date received local registrar) (b) E. L. Harrison (Registrar's signature)

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?
 While at work? _____ (Specify type of place) (e) Means of injury: 3
 23. Signature: Wayne L. Mitchell (Specify type of place) _____
 Address: Paragould Ark. Date signed: 5-31-46

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

RECEIVED

District Health Office No. 2

District File Number 646-738

Date Filed 6-15-46

JAN 22 1947

JAN 9 1947 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, ORR

Registered Apprentice No. _____

working under my personal supervision.

Signed

Randall L. Mitchell

Licensed Embalmer No. 373

Carroll

P. O. Address Paragould, Ark.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 5416
474

Registration District No. 102 Primary Registration District No. 5416
474

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Cardwell Rural
(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

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

4. Sex M 5. Color, or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (month) (day) (year)

8. AGE: Years 24 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

MOTHER - FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July Day 31 year 1946 hour _____ minute _____ M. _____
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. _____ immediate cause of death. _____

Due to Turned his car over on curve while driving at high speed
Due to Broken Neck
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
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) Accident
(b) Date of occurrence 5-31-1946
(c) Where did injury occur? Cardwell Dunklin Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway # 25
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Walter J. Harkness (Physician or other) _____
Address Cardwell Mo Date signed _____

SUPPLEMENTARY

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

220-70

23214

JAN 9 1947.