S. No. 2
M—5.42
. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32708

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 240

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Univ. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~1 day~~ 5 hrs. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Marionville, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Ragin 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 D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 1, 1939 (Month) (Day) (Year)
8. AGE: Years 7 Months 8 Days 7 If less than one day hr. min.
9. Birthplace Hurman (City, town, or county) Missouri (State or foreign country)
10. Usual occupation School child
11. Industry or business
FATHER 12. Name James Leroy Simmons
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elaine Ragan
15. Birthplace Exeter (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Elaine Simmons
(b) Address Marionville, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Marionville Mo.
18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.
19. (a) 10-7-46 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7 year 1946 hour 8 minute 45 A. M.
21. I hereby certify that I attended the deceased from Oct. 7, 1946, 19..., to Oct. 7, 1946, that I last saw him alive on Oct. 7, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Infantile Paralysis	4 days
Due to: Bulbar paralysis	4 days
Due to:	
Other conditions (Include pregnancy within 3 months of death): 36	

Major findings:
Of operations: No operation
Of autopsy: No autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Murphy M. Sim (M. D. or other)
Address U. Hosp. Date signed 10/7/46

31 (Licensed Embalmer's Statement on Reverse Side) Columbia, Mo.

RECEIVED
MAY 15 1947
District Health Officer No. 9,
District File Number
Date Filed 10-15-46
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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Tom McLary

Licensed Embalmer No. 4067

P. O. Address Columbia 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.