

FILED DEC 24 1946

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 419

1. PLACE OF DEATH:

(a) - County Cape Girardeau
(b) City or town Cape Girardeau **CAPE GIR. CITY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 2, Box 69
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2, Box 69
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter Simmons

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

4. Sex Male 5. Color or race Negro 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 February 22, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 9 18 hr. min.

9. Birthplace Cape Girardeau, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Jesse Simmons

13. Birthplace Unknown

14. Maiden name Fannie Miller (State or foreign country)

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

16. (a) Informant Mrs. Fannie Simmons

(b) Address R. 2, Box 69, Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof Dec. 12, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 12-16-1946 (b) G. G. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
year 1946 hour noon minute _____ M.

21. I hereby certify that I attended the deceased from Dec 9th
to Dec 10th 1946
that I last saw him alive on Dec 9th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Tumor Duration 6 mo
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 5 AD
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) _____

(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 _____

23. Signature W. H. Westcott (M. D. or other)

Address Cape Girardeau, Mo. Date signed 12-12-46

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

RECORDED

Health Officer No. 4
Number 1246-3015
12-23-46

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 Frank Sparks

Licensed Embalmer No. 3485

P. O. Address Cape Girardeau

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.