

FILED NOV 13 1947

Registration District No. **72**

Primary Registration District No. **4134**

Registrar's No. **120**

1. PLACE OF DEATH:

(a) County **Chay Smithville**
(b) City or town **Smithville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **CH 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NONE**
(Specify whether
In this community **LIFETIME**
years, months or days)

3. (a) PRINT FULL NAME **Thomas Marion Simmons**

3. (b) If veteran, name war **NONE**
3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **white**
6. (a) ~~Single, widowed, married~~ **divorced/widowed**
6. (b) Name of husband or wife **MARY BEST**
6. (c) Age of husband or wife if alive **DECEASED** years
7. Birth date of deceased **NOVEMBER 27 1857**
(Month) (Day) (Year)

8. AGE: Years **89** Months **10** Days **27**
If less than one day hr. min.

9. Birthplace **Chay County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER (RETIRED 20 YRS)**

11. Industry or business **SAME AS ABOVE**

MOTHER FATHER
12. Name **SIMMONS**
13. Birthplace **Not Known** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Waldron**
15. Birthplace **Not Known** **?**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. D. Simmons**

(b) Address **Smithville, Mo.**

17. (a) **BURIAL** (b) Date thereof **10/26/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Smithville, Mo.**

18. (a) Signature of funeral director **McCOMBS FUNERAL HOME**

(b) Address **Smithville, Missouri**

19. (a) **Oct 26 - 47** (b) **Beulah Kitchener**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **Chay** **24**
(c) City or town **SMITHVILLE** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **CH** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **24th**
year **1947** hour **9** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **10-18**, 19**47**,
that I last saw her alive on **10-18-47**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease**
Due to **Arteriosclerosis**

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **938**

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 **0**

23. Signature **Ray F. Lowry** (M. D. or other)
Address **Smithville, Mo.** Date signed **10-25-47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-13-47

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 AP

AP

, Registered Apprentice No. AP

working under my personal supervision.

Signed

Edwin J. Rogers

Licensed Embalmer No. 3940

P. O. Address Smithville, 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.