

FILED NOV 20 1947

Registration District No. 1/13

Primary Registration District No. 5431

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Loredell, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 yr. years, months or days

3. (a) PRINT FULL NAME George H. Simmons

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Oct 1 1924  
(Month) (Day) (Year)

8. AGE: Years 23 Months 0 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Clair, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Annie Simmons

13. Birthplace Sullivan, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Cora Adams

15. Birthplace Burnsview, Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Annie Simmons

(b) Address Loredell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/47 (Month) (Day) (Year)

(c) Place: burial or cremation proper

18. (a) Signature of funeral director Castyl Serol

(b) Address St. Clair, Mo.

19. (a) 10-2-1947 (Date received local registrar) (b) E. F. Ottmann (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Loredell, Mo. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1<sup>st</sup> year 1947 hour 2 minute 40 a.m.

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 Bronchopneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 107

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 E. F. Ottmann (M.D. or other) Coroner

Address Union, Mo. Date signed 10/3/47

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

MOTHER FATHER

36  
0

Date Filed OCT 19 1947  
District File Number  
District

**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 H. M. Leroy  
Licensed Embalmer No. 3601  
P. O. Address St. Clair, 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.**