—1/47
5-17-39

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

FEDERAL OFFICE OF VITAL STATISTICS
National Office of Vital Statistics

# MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11925

Registration District No. FILED MAY 1 1948 Primary Registration District No. 3016 Registrar's No. 98

1. PLACE OF DEATH
(a) County: Cole
(b) City or town: Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 216 Montana
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 1
In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole
(c) City or town: Jefferson City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 216 Montana
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Richard 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: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Unknown (Month) (Day) 1860 (Year)

8. AGE: Years 88 Months Unknown Days If less than one day hr. min.
9. Birthplace: Cooper County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farm
FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Amanda Quick
15. Birthplace: Callaway County Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Florence Burdett
(b) Address: 607 Chestnut St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 25, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Vernon (Callaway)
18. (a) Signature of funeral director: Tanner Bros.
(b) Address: 700 Jefferson St.
19. (a) 4-24-48 (Date received local registrar) (b) R. P. Burrows (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22 year 1948 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from 4/22, 1948, to 4/22, 1948, that I last saw him alive on 4/22, 1948, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Hypostatic pneumonia | 1 wk. |
| Due to: Arteriosclerotic heart d | 5 yrs. |
| Due to: senility | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: Not | |
| Of autopsy: | |

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: N. Hanagerva (M. D. or other) M.D.
Address: Woolmeyer Bldg. Date signed: 4-24-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 29 1948

## 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 .....

Licensed Embalmer No. 3641

P. O. Address .....

**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.