FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 23 1948
Registration District No. 82

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~3017~~ 5309

State File No. 22652
Registrar's No. 91

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HIGHWAY 40 - 7 MILES WEST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COOPER 27
(c) City or town BOONVILLE (RURAL) 3
(If outside city or town limits, write "RURAL")
(d) Street No. 8 MILES WEST OF BOONVILLE 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA VIRGINIA SIMMONS
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEBRUARY 10 - 1932 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	16	5	0	hr. min.

9. Birthplace BOONVILLE (City, town, or county) MISSOURI (State or foreign country) 0
10. Usual occupation SCHOOL GIRL
11. Industry or business AT HOME
FATHER
12. Name ERNEST SIMMONS 0
13. Birthplace BOONVILLE (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name MARIE ANGERMAN
15. Birthplace BOONVILLE (City, town, or county) MISSOURI (State or foreign country) 0
16. (a) Informant ERNEST SIMMONS
(b) Address BOONVILLE - MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE CEM.
18. (a) Signature of funeral director STEGNER
(b) Address BOONVILLE - MO.
19. (a) 7-13-48 (Date received local registrar) (b) D. E. Hooper (Registrar's signature) 28

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1948 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....; that I last saw No attendance alive on ..... 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Skull fracture	
Due to Violence; injury	
Due to Auto wreck	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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) Accident 27
(b) Date of occurrence July 10 - 1948
(c) Where did injury occur? 6 mi west Boonville (City or town) Cooper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 40 - 6 mi west (Specify type of place)
While at work? (e) Means of injury Auto
23. Signature M L Dickerson (M. D. or other) MD
Address Boonville Mo Date signed July 10 - 48

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

RECEIVED
District Health Officer No. 8
District File Number 748-4
Date Filed 7-22-48

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 Fred W. Harris, Registered Apprentice No. 476 working under my personal supervision.

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.