

FILED JUL 23 1948
Registration District No. 82

Primary Registration District No. 5309

State File No.

Registrar's No. 92

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **ERNEST HENRY SIMMONS**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **DECEMBER 9 - 1929**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 7 1 hr. min.

9. Birthplace **BOONVILLE MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **SHOE WORKER**

11. Industry or business **SELWYN MFG. CO.**

12. Name **ERNEST SIMMONS**

13. Birthplace **BOONVILLE - MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **MARIE ANGERMAN**

15. Birthplace **BOONVILLE - MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **ERNEST SIMMONS**

(b) Address **BOONVILLE - MO**

17. (a) **BURIAL** (b) Date thereof **7/13/48**
(Burial, cremation, or removal) (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** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

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 him....., 19....., and that death occurred on the date and hour stated above.
Duration

Immediate cause of death **Skull fracture**

Due to **rescue; 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 Cooper Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **July 10 6 mi west Boonville**
(Specify type of place)

While at work? (e) Means of injury **Auto wreck**

23. Signature *[Signature]* (M. D. or other) **MD**

Address **Boonville Mo** Date signed **7/13/48**

MOTHER FATHER

FEB 3 1949

RECEIVED

District Health Officer No. 8,

District File Number _____

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 complete the above constitutes grounds for revocation of license.)

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