

No. 2
-2-43
-17-39
X32697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32084**

FILED OCT 7 1943

Registration District No. **206**

Primary Registration District No. **5751**

Registrar's No. **53**

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

1. PLACE OF DEATH:

(a) County **Madison Co.**

(b) City or town **Mill Creek St. Michaels**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community **about 32 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Madison**

(c) City or town **Mill Creek MO**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Sylvester Simmons**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **W**

6. (a) Single, widowed, married divorced **married**

6. (b) Name of husband or wife **Susie Jane Simmons**

6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **May 4 1859**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 | **4** | **10** | _____ hr. _____ min.

9. Birthplace **Madison Co.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter work**

11. Industry or business **Self**

12. Name **John Simmons**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Sharp**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Susie J. Simmons**

(b) Address **Mill Creek, Mo.**

17. (a) **Burial** (b) Date thereof **Sept 17 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Federicktown MO**

18. (a) Signature of funeral director **E. H. Witt**

(b) Address **Federicktown MO**

19. (a) **Sept 17 1943** (b) **S. A. Slaughter**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **17**
year **1943** hour **10:30** minute _____ A. M.

21. I hereby certify that I attended the deceased from **Apr 1st**
1st 1944, to **Sept 14** 1943
that I last saw him alive on **Sept 13 1943** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Failing Heart (gradual)**
Deafness formed Aug 1943
Due to **gradual - Prostatic**
and - Cystitis with
Due to **Nephritis**

Other conditions **1218**
(Include pregnancy within 3 months of death)

Major findings: Of operations **no operations**

Of autopsy **no 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) **no**

(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 **M. B. Barber** (M. D. or other)
Address **Federicktown MO** Date signed **9/5-1943**

By **E. A. Slaughter** (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 1043-2791
Date Filed 10-6-43

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 John H. Held
Licensed Embalmer No. 4264
P. O. Address Fredericktown, Md.

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.