

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17837**

FILED JUN 6 1944

Primary Registration District No. **5307**

Registrar's No. **8**

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

8. (a) PRINT FULL NAME **SAREDA SIMMONS**
3. (b) If veteran, _____ 3. (c) Social Security _____
name war _____ No. _____

5. Color or _____ 6. (a) Single, widowed, married, _____
4. Sex **Female** 1. **White** 2. **Divorced** **Widowed**
6. (b) Name of husband or wife **J.C. Simmons** 6. (c) Age of husband or wife if _____
July 1st 1868 alive _____ years
7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years **75** Months **10** Days **8** If less than one day _____
hr. _____ min. _____

9. Birthplace **Russellville Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business _____
12. Name **James Glover**
13. Birthplace **K.Y.**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Ann**
15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edna Simmons**
(b) Address **Russellville Mo.**
17. (a) **Rural** (b) Date thereof **5/13/44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Campbell Chapel**

18. (a) Signature of funeral director **Edna Simmons**
(b) Address **Russellville Mo.**
19. (a) **May 11-44** (b) **Mrs. E.W. Plummer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **26**
(a) State **Missouri** (b) County **Cole**
(c) City or town **Russellville Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **9**
year **1944** hour **7** minute **A.M.**

21. I hereby certify that I attended the deceased from **Mo. Attorney** _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Wound of Sanguination**
Wound of neck
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
164d

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Suicide**
(b) Date of occurrence **May 9-44**
(c) Where did injury occur? **Gail Cole Co. Mo.**
(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 **Edna Simmons** (M, D. or other) _____
Address **Russellville Mo.** Date signed **5-10-44**

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 6-5-44

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

G. M. Steffens

Licensed Embalmer No. 2307

P. O. Address

Russellville 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, above space should be left blank.