

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Form V. B. 1-4

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 260

Registrar's No. 23141

Registration District No. 1085 Primary Registration District No. 7471

<p>1. PLACE OF DEATH</p> <p>(a) County <u>Muhlenberg</u></p> <p>(b) City or town <u>Central City Ky R#</u> (If outside city or town limits, write RURAL)</p> <p>(c) Name of hospital or institution: _____ (If not in hospital or institution write street number or location)</p> <p>(d) Length of stay: In hospital or community _____ (years, months or days)</p>		<p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>Mo</u> (b) County <u>Muhl</u></p> <p>(c) City or town <u>Central City Ky R#</u> (If outside city or town limits, write RURAL)</p> <p>(d) Street No. _____ (If rural give precinct)</p> <p>(e) If foreign born, how long in U. S. A.? _____ years</p>					
<p>3(a) FULL NAME <u>John Henry Simmons</u></p> <p>3(b) If veteran, _____ 3(c) Social Security No. _____</p> <p>4. <u>Male</u> 5. <u>White</u> 6(a) <u>Single</u> <u>Widowed</u> <u>Married</u> <u>Divorced</u></p> <p>6(b) Name of husband or wife _____</p> <p>6(c) Age of husband or wife if alive _____ Years</p> <p>7. Birth date of deceased <u>Feb 23 - 1890</u> (Month) (Day) (Year)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">AGE: <u>53</u> Years</td> <td style="width: 25%;">Months <u>8</u></td> <td style="width: 25%;">Days <u>1</u></td> <td style="width: 25%;">If less than one day hr. _____ min. _____</td> </tr> </table> <p>9. Birthplace <u>Ky.</u></p> <p>10. Usual occupation _____</p> <p>11. Industry or business _____</p>		AGE: <u>53</u> Years	Months <u>8</u>	Days <u>1</u>	If less than one day hr. _____ min. _____	<p>MEDICAL CERTIFICATION</p> <p>20. DATE OF DEATH <u>Oct 24 1943</u></p> <p>21. I hereby certify that I attended the deceased from <u>Jan 10 1943</u> to <u>Oct 24 1943</u> that I last saw him alive on <u>Oct 22 8 P</u> 1943 and that death occurred on the date stated above at _____ M.</p> <p>Immediate cause of death <u>Atherosclerosis (heart)</u> DURATION <u>7 or 8 years</u></p> <p>Due to _____</p> <p>Other conditions _____ (Include pregnancy within 3 months of death)</p> <p>Major findings: _____</p> <p>Of operations <u>93 D</u></p> <p>Of autopsy _____</p>	
AGE: <u>53</u> Years	Months <u>8</u>	Days <u>1</u>	If less than one day hr. _____ min. _____				
<p>12. Name of father <u>Robert Simmons</u></p> <p>13. Birthplace <u>Ky.</u></p> <p>14. Maiden name of mother <u>Virginia Whanger</u></p> <p>15. Birthplace <u>Ky.</u></p> <p>16(a) Informant's own name <u>John Henry Simmons</u></p> <p>(b) Address <u>Central City Ky R#</u></p>		<p>22. If death was due to external causes, fill in the following:</p> <p>(a) Accident, suicide, or homicide (specify) _____</p> <p>(b) Date of occurrence _____</p> <p>(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____ (Specify type of place)</p> <p>While at work? _____ (a) Means of injury _____</p>					
<p>17. BURIAL, CREMATION, OR REMOVAL</p> <p>Place <u>agg</u> Date <u>10-26 1943</u></p> <p>18(a) Signature of funeral home <u>Funeral Home</u></p> <p>(b) Address <u>Central City Ky</u></p>		<p>22. If death was due to external causes, fill in the following:</p> <p>(a) Accident, suicide, or homicide (specify) _____</p> <p>(b) Date of occurrence _____</p> <p>(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____ (Specify type of place)</p> <p>While at work? _____ (a) Means of injury _____</p>					
<p>19(a) <u>10-26-1943</u> (Date received by local registrar)</p> <p>(b) Signature <u>[Signature]</u> (Registrar's signature)</p>		<p>23. Signature <u>[Signature]</u> (M. D. or other)</p> <p>Address <u>Central City Ky</u> Date signed <u>10/30/43</u></p>					