

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

17357  
 Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 100  
 (c) City Kansas City (d) Street No. 5936 Scarritt Avenue Registered No. 2054  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Harry L. Simmons  
 (a) Residence, No. 5936 Scarritt Avenue St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna B. Simmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 6, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
74 3 9

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER  
 13. NAME Wm. Simmons  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER  
 15. MAIDEN NAME Rebecca Owens  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Mrs. Anna B. Simmons, 3936 Scarritt Ave., Kansas City, Mo.  
 (ADDRESS) 3936 Scarritt Ave., Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Washington  
 PLACE Kansas City, Mo. DATE May 17, 1938

19. FUNERAL DIRECTOR Stine & McIure  
 (ADDRESS) Kansas City, Missouri.

20. FILED May 17, 1938 M. M. Krone  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1936 to May 15, 1938  
 Last saw him alive on May 15, 1938 Death is said to have occurred on the date stated above, at 2 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Occlusion 94% 5/15/38  
 Other contributory causes of importance: Arteriosclerosis ?

Name of operation None Date of X  
 What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? X X Date of injury 1938  
 Where did injury occur? X (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X  
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify Sydney Johnson, D.D.  
 (Signed) Sydney Johnson, D.D.  
 (Address) 1643 W. 9th St. K.C., Mo.

N. B.—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.

01 14 01  
Be 4676 1073 W 9th  
VILLAGE

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**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.)**