

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

28180
Do not use this space.

1. PLACE OF DEATH **8570 DEC 14 1938**

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. Northeast Hospital Registered No. 4414
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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. ds.

2. PRINT FULL NAME 550 John F. Simon
 (a) Residence, No. North Spring and Jones 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 Estella Grace Simon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1886

7. AGE YEARS 52 MONTHS 5 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Iron Worker
 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) Carthage (STATE OR COUNTRY) Mo.

FATHER 13. NAME Andrew Simon

14. BIRTHPLACE (CITY OR TOWN) U. S. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Carrie Bauhner

16. BIRTHPLACE (CITY OR TOWN) U. S. (STATE OR COUNTRY)

17. INFORMANT Mrs. Estella G. Simon (ADDRESS) N. Spring and Jones

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE 11-12-1938

19. FUNERAL DIRECTOR (NAME) Wa. msley Funeral Home (ADDRESS) Independence, Mo.

20. FILED Nov 12, 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1938 to Nov 10 1938
 I last saw him alive on Nov 10 1938 Death is said to have occurred on the date stated above, at 7:15 p.m.
 The principal cause of death and related causes of importance were as follows:

Ruptured Appendix & Peritonitis Date of onset Nov. 5, 1938
Retro-Cerebral Abscess
Septicemia
121

Other contributory causes of importance:

Name of operation Appendectomy Date of 11-6-38
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify (Signed) J. D. J. Ammar M. D. (Address) 204 1/2 No. Liberty, Independence, 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.

DEC 22 1944

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, _____

O. B. Wamsley

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

O. B. Wamsley

Licensed Embalmer No. _____

3425

P. O. Address _____

Independence

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.