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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5329

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 551

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2118 East 50th Street (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution ------- (Specify whether In this community 20 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 2118 East 50th Street (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mr. Walter Earl Simmons 552

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Mabel S. Simmons

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Feb. 28, 1887 (Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Leavenworth, Kansas (City, town, or county) (State or foreign country) 1

10. Usual occupation 9

11. Industry or business Railroad mail clerk

FATHER
12. Name John W. Simmons 1
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Elton Hooper
15. Birthplace Atchison, Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Simmons

(b) Address 2118 E. 50th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director D. W. Newcomer's Son

(b) Address 1401 Brush Creek

19. (a) Feb. 5, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd year 1940 hour 2 minute 35 A. M.

21. I hereby certify that I attended the deceased from Dec 6, 1940, to Feb 2, 1940, that I last saw him alive on Feb 2, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Focal infection 9 HR	
Due to Tooth?	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of 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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature W. J. Miller (M. D. or other)

Address 100 Argyle Date signed 2-3-40

(Licensed Embalmer's Statement on Reverse Side)

Wright Bldg

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 Emile M. Collins

Licensed Embalmer No. 3506

P. O. Address K. C. 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.