

No. 2
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17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37535

State File No. _____

DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4330

1. PLACE OF DEATH: Jackson,
 (a) County Kansas City,
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Trinity Lutheran Hospital,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks,
 as above, (Specify whether
 In this community years, months or days)

3. (a) PRINT FULLNAME Fred Simons,
 3. (b) If veteran, name war no. 3. (c) Social Security No. DD.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elizabeth Simons, 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased January 23 1866
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>9</u>	<u>26</u>	hr. min.

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

10. Usual occupation Farmer.

11. Industry or business X

MOTHER FATHER { 12. Name Alanson Simons,
 13. Birthplace Indiana, (City, town, or county) (State or foreign country)
 14. Maiden name Dockover,
 15. Birthplace Ohio, (City, town, or county) (State or foreign country)

16. (a) Informant W. J. Simons,
 (b) Address Garnett, Kansas,

17. (a) Removal (b) Date thereof 11-19-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Garnett, Kansas,

18. (a) Signature of funeral director Stine & McClure.
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-22-41 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 499 14 9
 (a) State Kansas, (b) County _____
 (c) City or town Garnett, (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 2
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th,
 year 1941 hour 4:00 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from Oct 30, 1941, to Nov 18, 1941;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis

Due to Coronary Atherosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (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 E. J. Stanner (M. D. or other) _____
 Address Garnett, Kansas Date signed Nov 18 1941

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

Dr. C. C. Conover,

1 P. M.

Crossed Body

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 1413

P. O. Address 151 E. 12th

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, fact should be so stated above.