

V. S. No. 542
Form 5-17-39
I X32873

1326

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 459

FILED FEB 10 1943
Registration District No. 149

Primary Registration District No. 1002

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:
St. Luke's Hospital,
(If not in hospital or institution, write street number or location) 2 days

(d) Length of stay: In hospital or institution Since Sunday,
(Specify whether years, months or days) since about 1910

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson,

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

(d) Street No. 1724 Tomahawk Road,
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X 2

3. (a) PRINT FULL NAME LeRoy S. Simons,

3. (b) If veteran, name war Phillipines and Spanish American 3. (c) Social Security No. 495-09-3194

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Zora Simons 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 10 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>00</u>	<u>6</u>	<u>16</u> hr. _____ min.

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

10. Usual occupation President

11. Industry or business Simons-Wiles Buick Company

12. Name Robert Simons,

13. Birthplace Unknown,
(City, town, or county) (State or foreign country)

14. Maiden name Addie L. Case

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Zora Simons,
(b) Address 1724 Tomahawk Road, Johnson Co., Mo.

17. (a) Burial Burial (b) Date thereof 1-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

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

19. (a) 1-28-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th
year 1943 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Carover, 19____

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

Immediate cause of death Crushing injury of the chest
Bilateral hemo thorax

Due to Automobile Traumatism

Due to 170C-6

Other conditions 211
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy see above

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

(a) Accident, suicide, or homicide (specify) accident 100

(b) Date of occurrence 1/24/43

(c) Where did injury occur? K.C. Mo. Jackson Co.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on street car struck
(Specify type of place) (e) Means of injury Pole

23. Signature [Signature] (M. D. or other)
Address K.C. Mo. Date signed 2/27/43

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

FEB 10 1943

MAY 4 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, or by.....
.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 1415

P. O. Address.....
1501 W. 11th St.
St. Paul, Minn.

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.