. S. No. 2
OM—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 9292
1405

FILED MAR 31 1943

Registration District No. 1997

Primary Registration District No. 1002

Registrar's No.

**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. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days (Specify whether years, months or days)
In this community 4 Months

**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. 3207 Highland Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -------

48
3
0

3. (a) PRINT FULL NAME Roy Lester Simmons, Jr.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife -------

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

7. Birth date of deceased October (Month) 23 (Day) 1942 (Year)

8. AGE: Years | Months 4 | Days ~~28~~ 27 | If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business -------

FATHER
12. Name Roy Lester Simmons, Sr.
13. Birthplace (City, town, or county) Oklahoma (State or foreign country)

MOTHER
14. Maiden name Marion Dutcher
15. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. Roy Lester Simmons, Sr.
(b) Address 3207 Highland Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 22, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 3-22-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 20th year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 5, 19 43, to Mar 20, 19 43 that I last saw h~~im~~ alive on 3-20-, 19 43; and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis — Duration

Due to

Due to

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

Major findings:
Of operations 10 1
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)
(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 Dr. Mugo (M. D. or other) MD
Address 2 W Agg Bldg Date signed 3/31/43

(Licensed Embalmer's Statement on Reverse Side)

## 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 H C Newcomer Jr

Licensed Embalmer No. 4045

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, fact should be so stated above.**