

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 25 1943
749

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1364

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:
3737 South Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 56 (Specify whether years, months or days)

In this community 56 (Specify whether 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. 3737 South Benton
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. James H. Simms

3. (b) If veteran, name war No

3. (c) Social Security None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1943 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Mar 11 1943 to Mar 15 1943
that I last saw him alive on 3-11-43 1943
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Viola D. Simms

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 6 1884
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to 94a

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

8. AGE: Years Months Days If less than one day

59 0 9 hr. min.

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

10. Usual occupation Owner and Operator

11. Industry or business J.H. Simms Machine Equipment

12. Name Isaac R. Simms

13. Birthplace Green County Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Annie Wilkins

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

16. (a) Informant Mrs. Viola D. Simms

(b) Address 3737 South Benton

17. (a) Burial Burial (b) Date thereof Mar. 20, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of Newcomer's Vaults

18. (a) Signature of funeral director J. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

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

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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Harry H. Jones (M. D. or other) _____
Address Lawrence City Mo Date signed 3/16/43

Duration 1 day

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

1109 England Bldg
2-5

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 C. Hervey Quambury
Licensed Embalmer No. 4070
P. O. Address Reno

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.