

FILED MAR 25 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:
617 Newton
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **0**
 In this community **3 years 9 mo**
years, months or days

3. (a) PRINT FULL NAME HOWARD R. SIMONS
 3. (b) If veteran, name war **none**
 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 **May 16 1939**
(Month) (Day) (Year)

8. AGE: Years **3** Months **9** Days **23**
 If less than one day **hr. min.**

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

10. Usual occupation child

11. Industry or business
12. Name Howard Simons
13. Birthplace Independence, Mo
(City, town or county) (State or foreign country)
14. Maiden name Margaret Beard
15. Birthplace Marktown, Mississippi
(City, town or county) (State or foreign country)

16. (a) Informant Howard Simons
 (b) Address **617 Newton**

17. (a) Burial or cremation (b) Date there **3/14/43**
(Burial, entombment, or removal) (Month) (Day) (Year)

(c) Place: **burial or cremation Woodlawn at Sud**
18. (a) Signature of funeral director W. C. Carson
 (b) Address **Independence, Mo**

19. (a) 3/14/43 (b) **W. W. Crowe**
(Date received local registrar) (Registrar's signature)

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. **617 Newton**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 9
 year **1943** hour **11** minute **30a.m.**

21. I hereby certify that I attended the deceased from **Cornier**
 that I last saw him **alive on** **19**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Chronic myocarditis with dilatation of the heart, acute pulmonary edema.**
 Due to **9375**

Due to _____
 Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations _____
 Of autopsy **see above**
 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?
 Which (Specify type of place) _____
 (e) Means of injury _____
23. Signature K.C. Mo (M. D. or other)
 Address **K.C. Mo** Date signed **3/10/43**

Permit from H.C.

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

[Handwritten Signature]

Licensed Embalmer No. *2467*

P. O. Address *Indep. 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.