S. No. 2
0M—2-43
5-17-39
FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20609

JUN 24 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2647

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: General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5/17-5/25/43 (Specify whether
In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 907 East 14th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ROBERT SIMON

3. (b) If veteran, name war None.

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Mary Simon

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased ? (Month) ? (Day) 1873 (Year)

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Sid Caesar Simon
13. Birthplace (City, town, or county) Oklahoma (State or foreign country)

MOTHER
14. Maiden name Charlotte Burner
15. Birthplace (City, town, or county) Oklahoma (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/12/43 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia.

19. (a) 6-11-43 (Date received local registrar) (b) P. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1943 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 17, 1943 to May 25, 1943
that I last saw him alive on May 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro Vascular Accident

Due to Hypertension (arteriosclerotic in type)

Due to 830

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature [signature] (M. D. or other)

Address Gen. Hosp. #2-60 E. 22nd St. Date signed 6-1-43.

(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 Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.