

**FILED AUG 11 1943**

Registration District No. **149**

Primary Registration District No. **1002**

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: **Conley Clinical Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Days**  
In this community **17 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mr. Elmer Louis Simmons**

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 **Married**

6. (b) Name of husband or wife **Mrs. Lettie E. Simmons**

6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **March 31 1872**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **4** Days **24 23** If less than one day **hr. min.**

9. Birthplace **Olin Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Hotel Owner**

11. Industry or business **1709 Main Street**

MOTHER FATHER

12. Name **Coleman Simmons**

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

14. Maiden name **Emmeline B. Sargent**

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

16. (a) Informant **John Elmer L. Simmons**

(b) Address **1709 1/2 Main**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **July 27, 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Colin Fields, Iowa**

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

(b) Address **1401 Brush Creek Blvd.**

19. (a) **7-27-43** (Date received local registrar) (b) **J. E. Brown** (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. **1709 1/2 Main Street**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24th**  
year **1943** hour **7** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 23 1943** to **July 24, 1943**  
that I last saw him alive on **July 24, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia (Hypostatic)**

Due to **Intestinal obstruction**

Due to **Umbilical hernia** **25 yrs**

Other conditions **12252**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature **John Brown** (M. D. or other) **D.O.**  
Address **516 Chambers Bldg.** Date signed \_\_\_\_\_

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

516 Chambers Bldg  
1-5

**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..... *A. C. Newcomer Jr*.....  
Licensed Embalmer No. *4045*.....  
P. O. Address..... *A. 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.**