S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30964

Registration District No. 149 Primary Registration District No. 100 Registrar's No. 4033

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: 309 Garfield 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 Months (Specify whether
In this community 47 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 6
(d) Street No. 2122 Minnie
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John D. Simons
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hilda E. Simons
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased October 10 1870 (Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 8 If less than one day hr. min.

9. Birthplace New Brunswick Canada 2 (City, town, or county) (State or foreign country)
10. Usual occupation Park Dept. Retired
11. Industry or business
FATHER
12. Name John Simons
13. Birthplace Canada 2 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No Record ----- Lapoint
15. Birthplace Canada 2 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Hilda E. Simons
(b) Address 2122 Minnie
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington
18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri
19. (a) 9-20-43 (Date received local registrar) (b) T. E. Brown Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1943 hour minute P.M.
21. I hereby certify that I attended the deceased from Jan fourth, 1943, to Sept 18, 1943; that I last saw him alive on Sept 16, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	24 hrs
Due to Encephalomalacia	✓
Due to Arteriosclerosis	✓
Other conditions (Include pregnancy within 3 months of death)	

83c

Major findings:
Of operations
Of autopsy Yes

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 John G Henry (M. D. or other) also
Address 2105 Independence Ave Date signed Sept 18 1943
K.C. Mo

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(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 Denzil C. Browning

Licensed Embalmer No. 2724

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.