

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26996**
Registrar's No. **3299**

FILED AUG 23 1944

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:
211 West 51st Terrace, 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **no.** (Specify whether
 In this community **all her life,** (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME **Mrs. Mary Simons Smith,**
3. (b) If veteran, name war. **no.** **3. (c) Social Security** No. **no.**

4. Sex **Female** **5. Color or race** **White** **6. (a) Single, widowed, married,** divorced **Married,**
6. (b) Name of husband or wife **Charles C. Smith** **6. (c) Age of husband or wife if** alive **82** years
7. Birth date of deceased **May 3 1878**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	3	4	hr. min.

9. Birthplace **Kansas City, Missouri, 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home,**

11. Industry or business **X**

MOTHER FATHER { **12. Name** **Alfred Simons,**
13. Birthplace **South Carolina 1**
(City, town, or county) (State or foreign country)
14. Maiden name **Ma. Garet Massey**
15. Birthplace **Illinois, 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles P. Simons,**
(b) Address **211 West 51st Ter., K. C., Mo.**
17. (a) Burial **(b) Date thereof** **8-9-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, Kansas City, Mo.**
19. (a) 8-10-44 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson, 4-7**
 (c) City or town **Kansas City,**
(If outside city or town limits, write "RURAL")
 (d) Street No. **211 West 51st Terrace, 3**
(If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country **X** **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **7th**
 year **1944** hour **7:50** minute **P.** M.

21. I hereby certify that I attended the deceased from **March**
1943 to Aug 7, 1944
 that I last saw her alive on **Aug 7,** 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral**
2 right breast -
metastases to lungs.
 Due to.....

Due to..... **50**
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: **Viridial diag.**
 Of operations **mass of carcinoma**
 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 **Phil F. Hunt** (M. D. or other)
Address **1612 W. 130th** Date signed **8-9-44**

DEC 19 1944

Dr. Paul Hunt

Prof B. Black
2 to 4/30

1612

DEC 19 1944

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 *E. M. Plank*.....

Licensed Embalmer No. *1848*.....

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.