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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8803
Registrar's No. 1008

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~~: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 3-DAYS (Specify whether
In this community 65 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY 40
(If outside city or town limits, write "RURAL")
(d) Street No. 4124 BENTON BLVD. 3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ------ 0

3. (a) PRINT FULL NAME MRS. AUGUSTA ALICE SMILEY SIMMS
3. (b) If veteran, name war NO
3. (c) Social Security No. none

4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or ~~wife~~ MR. VIRGIL E. SIMMS
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased DECEMBER (Month) 26 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	2	2	hr. min.

9. Birthplace LE ROY (City, town, or county) KANSAS 1 (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business ------
FATHER
12. Name GEORGE SMILEY
13. Birthplace (City, town, or county) CANADA 2 (State or foreign country)
MOTHER
14. Maiden name CAROLINE D. NAGLE
15. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)
16. (a) Informant VIRGIL E. SIMMS
(b) Address 4124 BENTON BLVD.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 5, 1945 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ FOREST HILL CEMETERY
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) MAR 2 1945 (Date received local registrar) (b) S E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 28TH year 1945 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Congestion
Due to Fracture of Jaw - Compound
Due to Auto Trauma 2 autos
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See Above.

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) accident 2
(b) Date of occurrence 2-25-45 6 30 pm 3
(c) Where did injury occur? 31 sts Benton Blvd - K.C. Jackson - Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? no (e) Means of injury automobile
23. Signature Jennie C Walker 3 (M. D. ~~or other~~) Coroner
Address 1424 Profess Bldg Date signed 3-1-45

(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 H B Newcomer Jr

Licensed Embalmer No. 4043

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.