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ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23215

FILED AUG 13 1945

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 3250

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: 911 Holmes /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 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")

(d) Street No. 911 Holmes 8
(If rural, give location)

(e) Citizen of foreign country? ..... 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME CHARLES ALBERT SIMONS

3. (b) If veteran, name war no

3. (c) Social Security No. 515-03-0789

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Evelyn

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 11 (Month) 21 (Day) 1888 (Year)

8. AGE: Years 56 Months 8 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Fort Scott, Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Inspector-North American

11. Industry or business .....

FATHER
12. Name Chas. A. Simons, Sr.
13. Birthplace No record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah
15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Evelyn Simons
(b) Address 911 Holmes

17. (a) removal (b) Date thereof 8/2/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Scott, Kansas

18. (a) Signature of funeral director Quirk & Robin
(b) Address 20 W. Linwood

19. (a) 8-2-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 1
year 1945 hour 6 30 minute 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.

	Duration
Immediate cause of death Coronary sclerosis	
Due to Arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94 a	

Major findings:
Of operations .....
Of autopsy No permit
History & Inspection

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 James C Walker (M. D. or other) 3 Coroner

Address 1424 [illegible] Date signed 8-2-45

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1945

AUG 20 1945

OCT 34 1945

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 Charles M. Zurb

Licensed Embalmer No. 3774

P. O. Address 20 W. Linwood

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.