

No. 2  
12-45  
17-39  
X47070

40841

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 24 1946  
Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 5240

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: St. Luke's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 12-5-46  
(Specify whether  
In this community 53 years  
years, months or days)

3. (a) PRINT FULL NAME Paul A. Simonds

3. (b) If veteran, name war no.

3. (c) Social Security No. 4820-01-1206

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mrs. Fanny G. Simonds

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased September 27 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 2 18<sup>15</sup> hr. \_\_\_\_\_ min.

9. Birthplace New York  
(City, town, or county) (State or foreign country)

10. Usual occupation President

11. Industry or business Paul A. Simonds Investment Co.

MOTHER FATHER {

12. Name Elmer W. Simonds

13. Birthplace New York  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Adele Mathewson  
(City, town, or county) (State or foreign country)

15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fanny G. Simonds

(b) Address 7309 Jarboe, Kansas City, Mo.

17. (a) burial (b) Date thereof 12-14-46  
(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, K. C., Mo.

19. (a) 12-13-46 (b) Heralding Holmes  
(Date received local registrar) (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. 7309 Jarboe  
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12  
year 1946 hour 7:00 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from November 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 Bilateral Pneumonia

Duration \_\_\_\_\_

Due to Fractured - 2-3-4-5-6-10-11-12 ribs

right chest

Due to Fractured right humerus

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 1700

Of autopsy yes and above

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 12-5-46

(c) Where did injury occur? 100 Jackson Ave  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) Public place

(e) Means of injury Street Car

23. Signature Herald Holmes (M. D. or other) Coroner 3

Address 1424 Mt. St. Mary Date signed 12-13-46

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

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**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 Robert H Reed

Licensed Embalmer No. 3745

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.**