

National Office of Vital Statistics
FILED DEC 15 1947

Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **5093**

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 **POLYCLINIC HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 DAYS**
(Specify whether
In this community **24 YEARS**
years, months or days)

3. (a) PRINT FULL NAME **Mrs. MARY JEAN SIMONS**
(b) If veteran, **No**
name war **No**
3. (c) Social Security No. **none**

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MR. SETH J. SIMONS**
6. (c) Age of husband or wife if alive **25** years
7. Birth date of deceased **APRIL 4 1923**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 7 26 hr. min.

9. Birthplace **RAYTOWN MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business
12. Name **GEORGE W. STOUT**
13. Birthplace **RAYTOWN MISSOURI**
(City, town, or county) (State or foreign country)
14. Maiden name **FREDA TESCH**
15. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **MR. SETH J. SIMONS**
(b) Address **649 DITTMAN ROAD**
17. (a) **BURIAL** (b) Date thereof **DEC-3-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BROOKINGS CEMETERY**
18. (a) Signature of funeral director **W. H. Newcomer, Son**
(b) Address **1401 BRUSH CREEK BLVD.**
19. (c) **12-3-47** (d) **Alfred 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 "Rural"**
(If outside city or town limits, write "RURAL")
(d) Street No. **649 DITTMAN ROAD**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **30**
year **1947** hour **1** minute **27** P.M.

21. I hereby certify that I attended the deceased from **Sept. 2, 1947**, 19 to **November 30**, 1947;
that I last saw her alive on **November 30**, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death
Septic Pharyngitis
Flaccid Parotitis
Peritonitis
Due to **Carcinoma of the**
Stomach
Other conditions **(6 mo. pregnancy)**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **1478**
Of autopsy
PHYSICIAN
Underline the cause of 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 **Alfred Holmes** (M. D. or other)
Address **1401 Brush Creek Blvd.** Date signed **12-7-47**

235-

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

Melvin Miller

Licensed Embalmer No. *4407*

P. O. Address *K. C. 3 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.