S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 41926

FILED JAN 2 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5359

WRITE PLAINLY—USING 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: 4527 Main Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 47
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4527 Main Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Louellor SIMMONS
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Jack Simmons
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased October (Month) 9 (Day) 1878 (Year)

8. AGE: Years 69 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Arkansas 1 (State or foreign country)
10. Usual occupation At home
11. Industry or business Housewif e
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs W.S. Caton
(b) Address 4527 Main Streeet
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri
19. (a) 12-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17 year 1947 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1940 1940 to Dec. 17, 1947 that I last saw her alive on Dec. 17, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Dropsy abdominal ascitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Senility

Major findings:
Of operations
Of autopsy 162 b

Duration

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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature R H Simmons (M. D. or other) NB
Address 3937 Main Date signed Dec 19

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Simmons
3937 Main
Va. 4113
We 4042

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 Thomas J. Carter, Registered Apprentice No. 500, working under my personal supervision.

Signed J. H. Pryor

Licensed Embalmer No. 2999 KC

P. O. Address

**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.