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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33099
State File No.
4049
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson
(a) County Kansas City
(b) City or town Kansas City
(c) Name of hospital or institution: Osteopathic Hospital, 11th & Harrison
(d) Length of stay: In hospital or institution 18 days
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 211 West 51st St. Terrace
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Charles P. (Daub) Simons
3. (b) If veteran, name war no. 3. (c) Social Security No. no.
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Mrs. Dora Scott Simons 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased February 27 1871

8. AGE: Years Months Days If less than one day
77 7 4 hr. min.

9. Birthplace Missouri Retired Upholsterer

11. Industry or business X
12. Name A. D. Simons
13. Birthplace South Carolina
14. Maiden name Margaret Marsey
15. Birthplace Illinois

16. (a) Informant Mrs. Henry S. Woods
(b) Address 216 W. 66th St., Kansas City, Mo.
17. (a) burial (b) Date thereof 10-2-48
(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) 10-5-48 (b) Geraldine Holmes

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 1 year 1948 hour 12:45 minute A. M.
21. I hereby certify that I attended the deceased from Oct 13 48 to Sept 30 19 48
that I last saw him alive on Sept 30 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure
Due to Cerebral Hemorrhage
Due to Cerebro-Sclerosis
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83W
Of autopsy

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

23. Signature John G. Henry
Address 500 Bryant Hwy
Date signed 10-1-48

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

MOTHER FATHER

Duration
18 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

408 N. Olive
Indy
Wm Henry

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.....

William L. Anderson....., Registered Apprentice No. 259
working under my personal supervision.

Signed W. L. Anderson.....

Licensed Embalmer No. 1413.....

P. O. Address 72 E. 2nd.....

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.