

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

6258
Do not use this space.

RECD MAR 16 1939

1. PLACE OF DEATH

(a) County Clay Registration District No. 197
 (b) Township Gallatin Primary Registration District No. 5276A Registered No. _____
 (c) City North Kansas City Mo (d) Street No. None _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

552 ELIZA S. SIMMONS
 (a) Residence, No. North Kansas City Mo R# St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A.A. SIMMONS
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1 - 1895
 7. AGE YEARS 44 MONTHS 10 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly, Missouri

FATHER 13. NAME J W Cooley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph County, Mo.

MOTHER 15. MAIDEN NAME Jennie V. Atkins.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Ky.

17. INFORMANT (ADDRESS) M. A. A. Simmons
North Kansas City - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo DATE Jan 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morton Funeral Home
North Kansas City Mo.

20. FILED Mar 1, 1939 Viola C. Meier Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 29, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1939, to 1-29, 1939
 Last saw her alive on 1-29, 1939 Death is said to have occurred on the date stated above, at 11:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Diffuse myocardial fibrosis
Acute Pulmonary Congestion
 Date of onset _____
 Other contributory causes of importance: ABC

Name of operation _____ Date of _____
 What test confirmed diagnosis? yes Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 (Signed) Paul H. Hodge, M. D.

(Address) North KC Mo.

Dr. L.M.A. Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3/13/39

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,

Personally

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed Harold L. Ross

Licensed Embalmer No. 3605
832 Armour Road,
P. O. Address North Kansas City, 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, above space should be left blank.