

OCT 1, 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH31331
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 199
 (b) Township Jay Primary Registration District No. 1002
 (c) City J.C. no. 1 (d) Street No. General Hospital #2 Registered No. 3429
 (e) Length of residence in city or town where death occurred _____ (f) How long in U. S., if of foreign birth? _____

2. PRINT FULL NAME

(a) Residence, No. 559 Infant Simmons St. (If nonresident, give city or town and State)
3400 Colorado (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 - 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Kansas City Mo. 10

FATHER 13. NAME Edgar Simmons
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER 15. MAIDEN NAME Ida Moore
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) Record Clerk General Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Deeds DATE 8-31-39

19. FUNERAL DIRECTOR (ADDRESS) Swung + Brady 1513 1st St.

20. FILED 9-1-39 1939 mmmm Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-30 1939 to 8-31 1939

I last saw h.w. alive on 8-31 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:

Date of onset
Premature Birth 159

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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? _____
 If so, specify _____

(Signed) J. O'Brien M. D.
 (Address) General Hospital #2

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)