

DEC 31 1941

Registration District No. **398**

Primary Registration District No. **554**

Registrar's No. **3244**

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

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Independence, (R.D. No. 1)**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **11313 East 23rd 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Independence**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **11313 East 23rd**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JOHN SIMCOSKY**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color of hair **White** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Bertha Simcosky** 6. (c) Age of husband or wife if alive **67** years  
7. Birth date of deceased **Feb. 5 1868**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **6** year **1941** hour **11:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 8 1941** to **Dec 7 1941** that I last saw him alive on **Nov 30 1941** and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic Arteriosclerotic Nephritis with edema** **eye**

Duration

8. AGE: Years **73** Months **10** Days **1** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Augusta, Illinois**  
(City, town, or county) (State, foreign country)

10. Usual occupation **Retired Rail Road Carpenter**

11. Industry or business \_\_\_\_\_

12. Name **Valentine Simcosky**

13. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State, foreign country)

14. Maiden name **Ophelia Copik**

15. Birthplace **Germany**  
(City, town, or county) (State, foreign country)

16. (a) Informant **Mrs Lois B. Simcosky**

(b) Address **11313 East 23rd**

17. (a) **Burial** (b) Date thereof **Dec. 8 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn**

18. (a) Signature of funeral director **George Carson**

(b) Address **Independence, Mo**

19. (a) **Dec 9, 41** (b) **F. F. Hoover**  
(Date received by local registrar) (Registrar's signature)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **131a**

PHYSICIAN

Underline the cause to 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) \_\_\_\_\_ (Means of injury)

23. Signature **Wm. J. Johnson M.D.** or other \_\_\_\_\_

Address **Independence Mo** Date signed **12-8-41**

360

(Licensed Embalmer's Statement on Reverse Side)

JAN 1 2 1942

**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

*Sean Owens*, Registered Apprentice No. *283*

working under my personal supervision.

Signed

*Frank B. Hall*  
Licensed Embalmer No. *2467*

P. O. Address

*Independence, 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.**