

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13544
State File No. 1670
Registrar's No.

FILED MAY 12 1942 399

Primary Registration District No. 1002

WRITE PLAINLY—USE 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: R.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community 25 Yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4017 Prospect 8
(If rural, give location)
(e) Citizen of foreign country? 70 YES (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME CHARLES F. SIMON
(b) If veteran, name war no (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 25th
year 1942 hour 11 minute 15 P.M.
21. I hereby certify that I attended the deceased from 4-11-42 to 4-25-42, 1942
that I last saw him in alive on 4-25-42, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Effa Simon (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Sept 8 1869
(Month) (Day) (Year)

Immediate cause of death EMPHYEMA OF PLEURA
Due to Broncho pneumonia
Due to Bronchogenic Carcinoma of lung
Other conditions (Include pregnancy within 3 months of death)
Major findings: 46 D
Of operations
Of autopsy See above

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>7</u>	<u>17</u>	hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Photographer

11. Industry or business
12. Name No Record
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Effa Simon
(b) Address 4017 Prospect

17. (a) Burial (b) Date thereof Apr. 29 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah Cem.

18. (a) Signature of funeral director Mrs C.L. Forster
(b) Address 918 Brooklyn

19. (a) 4-28-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 0

23. Signature Henry K. Thone (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed

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

361

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

Signed *Denzil C. Browning*.....

Licensed Embalmer No. *2724*.....

P. O. Address *N.C. 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.