

FILED DEC 22 1943

Registration District No. \_\_\_\_\_ 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: In Ambulance En Route to General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1208 Harrison  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES CHRISTOPHER SIMMONS

3. (b) If veteran, name war World War 1 3. (c) Social Security No. 196-01-3426

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Lillian Patterson 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Feb. 28, 1895  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>8</u>	<u>28</u>	hr. min.

9. Birthplace Osage City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Wheelock Motor Transport

MOTHER { 12. Name Joseph Simmons

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Briggs

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

16. (a) Informant Mrs. Webster Simmons

(b) Address 2205 Elmwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetary

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 11-29-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 26 year 1943 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Alfred Brown 19\_\_\_\_; that I last saw him give on 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Arrhythmia of ascending aorta  
Spermatophy of the heart

Due to \_\_\_\_\_  
Due to 920

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy See above

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? \_\_\_\_\_

23. Signature H. E. Upsher (Specify type of place) (a) Means of injury \_\_\_\_\_ (M. D. or other)

Address K.C. Mo. Date signed 11/29/43

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

DEC 2 2 1949

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed H. D. Blackman

Licensed Embalmer No. 3639

P. O. Address K.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.**