

FILED MAY 11 1944 49

Registration District No.

Primary Registration District No. 1002

Registrar's No.

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: K. C. General Hospital No. 10  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 days  
(Specify whether  
In this community 4 yrs.  
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. 1403 1/2 Main  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Harry Simonson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 381-07-8328

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, single  
6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased June 9, 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
7 1/2 2 10 20 hr. min.

9. Birthplace Saginaw Mich. (City, town, or county) (State or foreign country)

10. Usual occupation Stewart, Retired

11. Industry or business Water Transportation

12. Name George M. Simonson

13. Birthplace not known (City, town or county) (State or foreign country)

14. Maiden name Cecilia Rosen

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Sawyer (Daughter)

(b) Address 312 N. 12th St. Kansas City, Mo.

17. (a) Burial (b) Date thereof May 8, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Calvary, Kansas City, Mo.

18. (a) Signature of funeral director F. A. Reising

(b) Address 322 N. 7th St. Kansas City, Mo.

19. (a) 5-6-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1944 hour 1 minute 5 A. M.

21. I hereby certify that I attended the deceased from April 4, 1944 to April 29, 1944  
that I last saw him alive on April 29, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis with terminal uremia

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

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

Other conditions (Include pregnancy within 3 months of death)

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

Of autopsy None | 3/18

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 D. E. Upsher (M. D. or other) M.D.

Address Med. Dir. Gen'l Hosp. Date signed 4-29-44

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

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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.....

*Harry Bergman*

Licensed Embalmer No.....

*2041*

P. O. Address.....

*7th 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.**