

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: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 HOURS
(Specify whether)

In this community 14 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY 48
(If outside city or town limits, write "RURAL")

(d) Street No. 215 EAST 30TH STREET 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 11
If yes, name country _____

3. (a) PRINT FULL NAME MR. CLAUDE OTIS SIMMONS

3. (b) If veteran, name war No

3. (c) Social Security No. 897-12-2511

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 5TH year 1945 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-1, 1949, to 1-5, 1945; that I last saw him alive on 1-4, 1945 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. GERTRUDE SIMMONS 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased SEPTEMBER 30 1888
(Month) (Day) (Year)

Immediate cause of death: Cerebral Embolism 92 N
Duration _____

8. AGE: Years 56 Months 3 Days 5 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace OLIN IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation ADD COLLECTOR

11. Industry or business KANSAS CITY STAR

12. Name COLEMAN SIMMONS

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

14. Maiden name EMELINE SARGENT

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

16. (a) Informant Miss Bertie Simmons

(b) Address 215 E 30th

17. (a) BURIAL (b) Date thereof Jan 9, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Monica

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 1-6-45 (b) D. E. Brown
(Date received by registrar) (Registrar's signature)

Other conditions: mitral stenosis
(Include pregnancy within 3 months of death)

Major findings: auricular fibrillation

Of operations: 0

Of autopsy: Refused

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 _____

23. Signature H. M. Owens (M. D. or other) MD

Address 1034 Walnut St Date signed 1-5-45

1034
7-1
P. O. Address

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 *E. Oscar Torrey*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.