

FILED 57 1946

Registration District No. **5229**

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Palk Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural County
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 3 days
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. 9500 - Kentucky st.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT E. SIMCOX

3. (b) If veteran, name war None 3. (c) Social Security No. 487-09-3547

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula Simcox 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August 17, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 10 27 - hr. - min.

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

10. Usual occupation Maintenance foreman

11. Industry or business Chevrolet Plant

MOTHER FATHER
12. Name William H Simcox
13. Birthplace Liverpool England
(City, town, or county) (State or foreign country)
14. Maiden name Mary Moore
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Simcox
(b) Address 9500 Kentucky, Kansas City, Mo.

17. (a) Burial (b) Date thereof July 16, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director George C. Carson
(b) Address 101 N. Pleasant St. Independence, Mo.

19. (a) July 20, 1946 (b) Laura J. Jones
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1946 hour 7 minute 2 A.M.

21. I hereby certify that I attended the deceased from June 1st
1946 to July 12, 1946
that I last saw him alive on July 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 days
Due to hypertension

Due to _____
Other conditions 83 a!
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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) (e) Means of injury _____
23. Signature Paul Carhart MD No. 7-16-46
Address 10307 Ind. Ave Date signed _____
R.C. Mc.

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

1946
AUG 1 1946

FEB 7 1947

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 *P. A. Fisher*.....

Licensed Embalmer No. 4123.....

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.