. S. No. 2
0M—5-43
v. 5-17-39
e I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1946

State File No. 30561

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 299

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 weeks (Specify whether years, months or days) In this community: 39 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Independence Rural (If outside city or town limits, write "RURAL") 0
(d) Street No.: 829 Hardy (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: WALTER P. SIMON
3. (b) If veteran, name war: None
3. (c) Social Security No.: 487-01-9727
4. Sex: Male 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Muriel Simon
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: April (Month) 14 (Day) 1888 (Year)
8. AGE: Years 58 Months 4 Days 18 If less than one day hr. min.
9. Birthplace: Carthage, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Electric Welder
11. Industry or business:
MOTHER FATHER
12. Name: Andrew Simon 1
13. Birthplace: Wisconsin (City, town, or county) (State or foreign country)
14. Maiden name: Caroline Boneher
15. Birthplace: St. Louis, Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Muriel Simon
(b) Address: 829 Hardy
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 4, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington Cemetery
18. (a) Signature of funeral director: George C. Carson
(b) Address: Independence Missouri
19. (a) 9-5-46 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st year 1946 hour 5 am minute M.
21. I hereby certify that I attended the deceased from May 1, 19, to Sept 1st, 19; that I last saw him alive on Sept 1st 1946, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Pancreas	6 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Extensive Ca of pancreas c metastasis

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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: R. L. Gardner M.D. (M. D. or other)
Address: Independence Mo Date signed: 9-1-46

(Licensed Embalmer's Statement on Reverse Side)

MAR 3 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 Floyd C. Carson

Licensed Embalmer No. 4199

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.