S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1947

Registration District No. 197

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 21194

Registrar's No. 2723

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: 1706 CHERRY STREET-ACE LUMBER & WRECKING CO.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether years, months or days)
In this community: 30 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON 48

(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 4138 LOCUST STREET 6
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: MR. JAMES BARTON SIMCOX

3. (b) If veteran, name war: No

3. (c) Social Security No.: 487-05-7911

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: MRS. LOU H. SIMCOX

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: FEBRUARY (Month) 15 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	4	9	....hr. ....min.

9. Birthplace: AKRON (City, town, or county) OHIO (State or foreign country)

10. Usual occupation: LUMBERMAN-OWNER-OPERATOR

11. Industry or business: ACE LUMBER & WRECKING CO.

FATHER
12. Name: JOHN T. SIMCOX
13. Birthplace: ENGLAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: MARGARET JEFFREYS
15. Birthplace: WALES (City, town, or county) (State or foreign country)

16. (a) Informant: MRS. LOU H. SIMCOX
(b) Address: 4138 LOCUST STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JUNE 26 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: FLORAL HILLS CEMETERY

18. (a) Signature of funeral director: D. W. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD.

19. (a) 6-25-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 24TH year 1947 hour 9 minute 02 A.M.

21. I hereby certify that I attended the deceased from Coronary, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Insufficiency	
Due to: Cutaneous Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NO	
Of autopsy: NO History & Inspection	

PHYSICIAN

Underline the cause of 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

23. Signature: James Walker (M. D. or ~~other~~) Crem
Address: 1424 Mo. Blvd. Date signed: 6-24-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Edward M. Storey

Licensed Embalmer No.....4452

P. O. Address.....K. C. 4 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.