

FILED NOV 8 1947

Registrar's No. 4194

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County: JACKSON
(b) City or town: KANSAS CITY, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME 1138 E. 4th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 26 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL") 8
(d) Street No: 1138 E. 4th
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME: GEORGE SIMMONS
3. (b) If veteran, name war: NO
3. (c) Social Security No.: DONT KNOW

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22 year 1947 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.
Immediate cause of death: Cardiac Failure
Due to: Hypertensive Heart Disease
Due to: ...

4. Sex: MALE 5. Color: NEGRO 6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: NONE 6. (c) Age of husband or wife if alive: WIDOWER
7. Birth date of deceased: Oct 20 1898 (Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 28 If less than one day

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

10. Usual occupation: LABORER

11. Industry or business:

12. Name: G. E. SIMMONS

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

14. Maiden name: MILLIE OLIVER

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

16. (a) Informant: Georgia Saunders

(b) Address: 132 Spruce, Buffalo N.Y.

17. (a) BURIAL (b) Date thereof: 10-28-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Highland, K.C. Mo.

18. (a) Signature of funeral director: ... (b) Address: 1819 G. 15th K.C. Mo.

19. (a) 10-27-47 (Date, received local registrar) (b) Stereoline Holmes (Registrar's signature)

Other conditions: ... (Include pregnancy within 3 months of death)
Major findings: Of operations: ...
Of autopsy: ...

Duration
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: ... (M. D. or other) ...
Address: 2636 - Brooklyn Date signed: ...

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

MOTHER FATHER

10-28-47

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.....

W. G. Flynn

Licensed Embalmer No. 4383

P. O. Address 1819 E. 15th KC 17

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.