FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36876

Registrar's No. 4731

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: 3934 GARFIELD AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
In this community 35 YEARS
(Specify whether 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. 3934 GARFIELD AVENUE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MRS. ELIZABETH NANCY SIMMONS

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

3. (c) Social Security No.: NONE

4. FEMALE

5. Color or race: WHITE

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

6. (b) Name of husband or wife: MR. C. A. SIMMONS

6. (c) Age of husband or wife if alive: 82 years

7. Birth date of deceased: FEBRUARY (Month) 7 (Day) 1866 (Year)

8. AGE: Years 82 Months 9 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace: LEE COUNTY (City, town, or county) VIRGINIA (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business: AT HOME

MOTHER FATHER

12. Name: W. R. BARTLEY

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

14. Maiden name: COLUMBIA THOMAS

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

16. (a) Informant: C. A. SIMMONS

(b) Address: 3934 GARFIELD AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 11-22-48 (Month) (Day) (Year)

(c) Place: burial or cremation: MEMORIAL PARK CEMETERY

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

(b) Address: 1401 Brush Creek Blvd.

19. (a) 11-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 19 year 1948 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov. 2, 1948 to Nov 19, 1948 and that I last saw him alive on Nov 18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Accident Fell in bath room	Nov 2, 48
Due to: injury to Chest & Head	
Due to: Pneumonia	few days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 1-10-48 1-18-48	
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): accident

(b) Date of occurrence: Nov 2, 48 1:30

(c) Where did injury occur? own Home (City or town) Jackson (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? no (e) Means of injury: fall

Signature: B. Atcheson (M. D. or coroner)

Address: 3830 Cherry Date signed: Nov 1948

(Licensed Embalmer's Statement on Reverse Side)

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

6. 300
10-47
17-39
3906

FEB 23 1949

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 D. P. Nofsinger

Licensed Embalmer No. 3958

P. O. Address Kansas City, M

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.