

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 3 1949

State File No. **37506**
4837

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 4837
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 23 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION Gen'l Hosp. no. 210		d. STREET ADDRESS (If rural, give location) 1016 Troost		
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle)		c. (Last) Simmons
4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1949		5. SEX Male 6. COLOR OR RACE Colored		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mar.		8. DATE OF BIRTH July 14, 1896		9. AGE (In years last birthday) 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) haberer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Tracy Simmons		
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Alberta Simmons		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alberta Simmons K.C. Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wound chest		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E981		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-9-49 11: A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot in chest 23
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE Hugh H. Owens Coroner		23b. ADDRESS 1034 Dialto Bldg.		23c. DATE SIGNED 11-14-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 14, 49		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cem.
24d. LOCATION (City, town, or county) (State) 15th & Blue Ridge		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Holmes Adkins Bros. Funeral Home		
DATE REC'D BY LOCAL REG. 11-14-49		REGISTRAR'S SIGNATURE Heraldine Holme		

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed C. Kenneth Herford.....

Licensed Embalmer No. 4437.....

P. O. Address.....

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.