

FILED MAR 6, 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5014  
721

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY, MO.</u>	
c. LENGTH OF STAY (in this place) <u>40</u> YRS.		d. STREET ADDRESS (If rural, give location) <u>1712 TRACY #260</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen. Hosp. #2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>BILL</u> c. (Last) <u>SIMMONS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-13-50</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1-25-1888</u>
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	11. BIRTHPLACE (State or foreign country) <u>REDWOOD, MISS.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>SANDY SIMMONS</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET WILKERSON</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY SIMMONS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES 10-21-1918 ARMY</u>		16. SOCIAL SECURITY NO. <u>487-09-3014</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MARY SIMMONS</u>		ADDRESS <u>1712 TRACY</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Gravely Pneumonia</u>  ANTECEDENT CAUSES <u>Heavily shot 20 rounds of ammunition</u> <u>abdominal</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death or related to the disease or condition causing death. <u>Chronic Obstructive Pulmonary Disease</u> <u>Edema</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>autopsy at Gen. Hosp. #2</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>6981</u>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1113 E. 18th St.</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>KANSAS CITY JACKSON MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 11 50 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>SHOT BY BANDIT 123</u>			
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 <u>Thos. A. Jones</u>		23b. ADDRESS <u>1612 E 12th</u>	
23c. DATE SIGNED <u>2/19/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-18-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO</u>	
DATE REC'D BY LOCAL REG. <u>2-16-50</u>		REGISTRAR'S SIGNATURE <u>Therese Holman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>BRADY-BROWN</u>		ADDRESS <u>1708 TRACY K.C., MO</u>	

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.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

*Lawrence A. Jones*  
4429  
Licensed Embalmer No. 2500  
P. O. Address K. C. Ohio

**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.