No. 2
9-4-41
5-17-39
1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5628

FILED MAR 9 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 532

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 30 years
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. 1014 East 26th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Julia E. Simmons
3. (b) If veteran, name war no.
3. (c) Social Security No no

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Frank Simmons
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased October 30 1870
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	3	4	hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business

MOTHER FATHER
12. Name Wm. Cattrell
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Simmons
(b) Address 7405 W 58th KC Mo.
17. (a) Burial (b) Date thereof 2-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director Stine and McClure
(b) Address 3235 Gillham Blvd KC Mo
19. (a) 2-6-42 (b) M. M. Crosse
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6th
year 1942 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan. 1934 to 2/6 1942
that I last saw her alive on Feb 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	1 wk
Due to Chr. Glomerulo nephritis	3-5 yrs
Due to Arterio-Sclerosis	
Other conditions (Include pregnancy within 3 months of death) 131 B	

Major findings:
Of operations
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)
(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

Signature John H. McClure M. D. (M. D. or other)
Address 820 Professional Bldg Date signed 2/6/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. McClanahan

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 Felix Reny

Licensed Embalmer No. 4127

P. O. Address K. C. 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.