

S. No. 2
1-9-4-41
7-5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29570**
3388
Registrar's No.

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No.

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:
3921 Tracy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **30 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. **3921 Tracy**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **RALPH DANIEL SIMMONS**

3. (b) If veteran. name war **No**
3. (c) Social Security No. **487-05-7812**

4. Sex **MD** 5. Color or race **W**
6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife **Alice M. Simmons**
6. (c) Age of husband or wife if alive **32** years
7. Birth date of deceased **Apr. 25 1903**
(Month) (Day) (Year)

8. AGE: Years **39** Months **4** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Pressman**

11. Industry or business _____

MOTHER FATHER
12. Name **Frank Simmons**
13. Birthplace **Bernhart**
(City, town, or county) (State or foreign country)
14. Maiden name **Julia C. Cattell**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alice M. Simmons**

(b) Address **3921 Tracy**

17. (a) **Cremation** (b) Date thereof **9/15/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **Kansas City, Mo.**

19. (a) **9-14-42** (b) **M. M. Crone**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **14** year **1942** hour **11:10** minute **AM**

21. I hereby certify that I attended the deceased from **October 1st 1941** to **Sept 14 1942**
that I last saw him alive on **Sept 14 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **of liver cirrhosis**

Due to **12 1/2 hrs**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **✓**
Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(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? **✓**

While at work? **✓** (Specify type of place) (e) Means of injury **✓**

23. Signature **M. F. Lawell** (M. D. or other) **MD**

Address **1000 E. Glasgow** Date signed **9-14-42**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

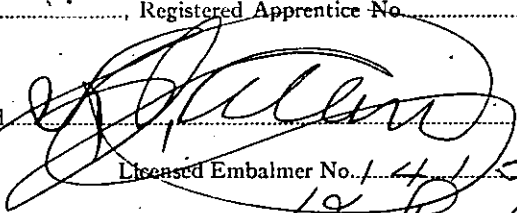
361

125
Dr. H. T. Lowell
1009 1/2
Voc. 0886
2748

STATEMENT BY LICENSED EMBALMER

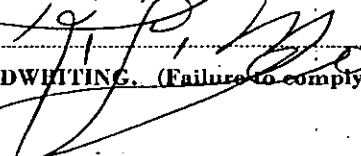
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed



Licensed Embalmer No. 14110

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.