

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **31005**
3568
 Registrar's No.

Registration District No. 399 Primary Registration District No. 1002

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:
2407 Linwood Blvd.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 Yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2407 Linwood Blvd.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Sadie E. McJimsey

3. (b) If veteran, name war. No. 3. (c) Social Security No. No.

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Lee McJimsey 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 15 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 28 If less than one day hr. min.

9. Birthplace Pittsburg Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name Kinain

13. Birthplace Unknown Ackerman
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Paul McJimsey

(b) Address 2407 Linwood Blvd. K.C. Mo.

17. (a) Burial (b) Date thereof Sept. 13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C. Mo.

19. (a) Sept. 12, 1940 M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 12 day 12 1940
 year 4 hour A.M. minute

21. I hereby certify that I attended the deceased from Sept 11 1940 to Sept 12 1940
 that I last saw him alive on Sept 12 - 1940 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 da

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 9/4/40

Major findings: Of operations None

Of autopsy None

PHYSICIAN 948
 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?

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

23. Signature Henry L. Famer (M. D. or other) 1
 Address Kansas City Mo. Date signed 9/12/40

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

MOTHER FATHER

Harry L. James, Bryant Bldg Vi 0848
3919 Forest. Lo. 1578

JAN 26 1947

2 to 5

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1500 Linwood

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, above space should be left blank.