

Registration District No. **399**

County Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kaw**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Selby Convalescent Home 504 Benton Blvd**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 months 3**  
(Specify whether years, months or days)  
In this community **30 yrs.**

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. **2516 Prospect**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **31**  
year **1940** hour **3.10 A.M.** minute **M.**  
21. I hereby certify that I attended the deceased from **9/3/40**  
**10/28/40**, 19 to **10/28/40**, 19;  
that I last saw him alive on **10/28/40**, 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza**  
**Lobar Pneumonia**  
Due to **108**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **no**  
Of autopsy **no**

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)  
(a) Means of injury  
23. Signature **Newton A. Selman** (M. D. or other)  
Address **461 50th St** Date signed **11/2/40**

3. (a) PRINT FULL NAME **George Sims**

8. (b) If veteran, name war **None** 8. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **June 19 1852**  
(Month) (Day) (Year)

8. AGE: Years **88** Months **4** Days **12** If less than one day hr. min.

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

10. Usual occupation **Salesman**

11. Industry or business

12. Name **Edward George Simms**

13. Birthplace **Virgins** (City, town, or county) (State or foreign country)

14. Maiden name **Charlotte Walling**

15. Birthplace **Illinois** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Maddis Boias**

(b) Address **2446 Prospect; K. C. Mo.**

17. (a) **Burial** (b) Date thereof **11 4 40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn**

18. (a) Signature of funeral director **Waller Funeral Home**

(b) Address **2332 Monitor Place; K. C. Mo.**

19. (a) **11-4-40** (b) **M. M. Grome**  
(Date received local registrar) (Registrar's signature)

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

RECEIVED DEC 11 1940

**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.....

*Blaine E. Weikert*

Licensed Embalmer No. *4075*

P. O. Address. *2332 Montgoe Pl*

**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.**