

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1276
236
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:
Ralph's Sanitarium-529 Highland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days 0
(Specify whether
In this community 30 Years
years, months or days)

3. (a) PRINT FULLNAME Mrs. Matie Augusta Salter Sims

3. (b) If veteran, name war... No 3. (c) Social Security No... None

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

6. (b) Name of husband or wife Mr. Elmer B. Sims 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January 8 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 0 6 ..hr. min.

9. Birthplace Hartland Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ----

12. Name William A. Salter

13. Birthplace Renseler Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Matie A. Raudebaugh

15. Birthplace Cedar Point Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Elmer B. Sims

(b) Address 6705 Paseo

17. (a) Burial (b) Date thereof Jan. 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director O. H. Newcomer, Sone

(b) Address 1401 Brush Creek Blvd.

19. (a) Jan. 16 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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. 6705 Paseo 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? ---- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14
year 1941 hour 12:30 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 4 to Jan 14, 1941, that I last saw her alive on Jan 14, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustive Psychosis

Due to Acute mania

Due to 84 15

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Manner of injury

23. Signature Dr. Elmer B. Sims (M. D. or other)

Address 909 Angyle Blvd Date signed Jan 14/41

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.