

STANDARD CERTIFICATE OF DEATH

State File No. 17380

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2042

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: Missouri Pacific Yard Office - west end
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Perry De Witte Sims

3. (b) If veteran, name war No 3. (c) Social Security No. 702-14-5796

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Mildred L. Sims 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased May 1 1899
(Month) (Day) (Year)

8. AGE: Years 42 Months 0 Days 21 If less than one day hr. min.

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

10. Usual occupation Switchman

11. Industry or business Missouri Pacific R. R.

MOTHER FATHER { 12. Name Paul Jackson Sims
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Morgan
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred L. Sims
(b) Address Indy Mo

17. (a) Burial (b) Date thereof May 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Dr. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 24 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 2006 Vermont
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd
year 1941 hour 9 minute 05 P. M.

21. I hereby certify that I attended the deceased from May 19 1941 to May 22 1941
that I last saw him alive on May 22 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion
Left Ventricular Failure

Due to Coronary Occlusion
Due to Left Ventricular Failure

Other conditions 9420
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9420

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?

While at work? (Specify type of place) (e) Means of injury 3

23. Signature Russell W. Brown (M. D. or other)
Address Indy Mo Date signed

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

H. C. Newcomer

Licensed Embalmer No. *4043*

P. O. Address. *H. C. Newcomer*

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.