No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20875

State File No.

FILLED JUL 7 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2405

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

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: 3113 Park Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community about 23 yrs
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. 2208 East 31st.St. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME Benjamin F.Sims

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Mary A.Sims

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

7. Birth date of deceased May 23, (Month) 1869 (Day) (Year)

8. AGE: Years 72 Months 1 Days If less than one day hr. min.

9. Birthplace Springfield,Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER
12. Name John C.Sims
13. Birthplace No record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Joe.E.Galvin
(b) Address 5328 Highland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26,1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Thomas E.Quirk Funeral Home
(b) Address 4316 Troost Ave.

19. (a) 6/24/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd
year 1941 hour 5.50 P.M. M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw in alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Dorothy Crowe

Due to Chronic Myocardial Infarction

Due to Coronary Occlusion

Other conditions Coronary Atherosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94a
Of autopsy 94b

Duration

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

23. Signature Russell W. Kerr (M. D. or other)
Address Kerr Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....3775

P. O. Address.....N. P. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.