

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27539

FILED SEP 12 1941

Registration District No. 399

Primary Registration District No. 1002

State File No.

Registrar's No. 3197

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr.
In this community. 43 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

JOHN ASIMS

3. (b) If veteran.

name war

No

3. (c) Social Security

No

714-289-714

4. Sex

Male

Color of race

Wh

6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife.

Margaret Sullivan

6. (c) Age of husband or wife if alive. 14 years

7. Birth date of deceased.

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

62

12

12

hr min.

9. Birthplace.

Osage City, Kans

10. Usual occupation

Religious Clerk

11. Industry or business

American Ry Express

12. Name

John F W

13. Birthplace

Dover England

14. Maiden name

Not known

15. Birthplace

Not known

16. (a) Informant

Mr. Lucille Gayle

(b) Address

303 4th St

17. (a) Burial

Date thereof

8/21/41

(c) Place: burial or cremation

St. Mary's

18. (a) Signature of funeral director

John F W

(b) Address

25141 M. M. Crow

19. (a) (Date received local registrar)

(b)

(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. 4016 Walnut
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. August day. 25th
year. 1941 hour. 4:00 A.M. M.

21. I hereby certify that I attended the deceased from 8-25-41, 19, to 8-25-41, 19;

that I last saw him alive on 8-25-41, 19, and that death occurred on the date and hour stated above.

Immediate cause of death. Acute meningeal edema

Due to. Acute alcoholism

Due to.

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

Major findings: Of operations

Of autopsy.

See above

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. Dr. R. Thorne (M. D. or other)
Address. Med. Dir. K.C. Gen. Hospital Date signed 8-25-41

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.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo
County of Jackson

State File No. _____
Local Registrar's No. 3197

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2nd day of October, 1941, before me appears Anna Luciel Kunkel, who, upon her oath, states that the original record of death for John W. Sims died Aug 25, 1941, in the State of Missouri, and which was filed at Kansas City on 8-25-41, 1941, should be corrected as follows:

- Item No. 3c should read 714-07-714
Instead of No.
- Item No. 6b should read Marie Lillian
Instead of Unknown
- Item No. 7 & 8 should read October 15, 1878 62 Yrs. 10mo. 10 days
Instead of October 14, 1880 60 yrs. 10 mo. 11 days.
- Item No. 9 should read Osage City, Kansas
Instead of Osage, Kansas
- Item No. 10 should read Revising Clerk-American Railway Express
Instead of Receiving Clerk-American Railway Express
- Item No. 12 should read John W. Sims
Instead of John R. Sims
- Item No. 16b should read 303 Brush Creek
Instead of 303 Ward Parkway
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Anna Luciel Kunkel
Relationship 303 Brush Creek
Present Address.

Subscribed and sworn to before me this 2nd day of October, 1941.

My Commission expires May 12 1942 Charles M. Quinn Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-27539.