

FILED MAY 14 1942

Registration District No. 197

Primary Registration District No. 5276A

Registrar's No. 38

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: North Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Municipal Air Port, 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: X (Specify whether
years, months or days) 25 years,

In this community: 25 years,

3. (a) PRINT FULL NAME: Oran BASIL SIMS

3. (b) If veteran, name war: No.

3. (c) Social Security No. 495-05-3949

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married,

6. (b) Name of husband or wife: Dorothy Tierney Sims

6. (c) Age of husband or wife if alive: 42-8 years

7. Birth date of deceased: 12-22-1901
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>41</u>	<u>4</u>	<u>4</u>hr.min.

9. Birthplace: Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation: Air Pilot,

11. Industry or business: North American Aircraft Co.

12. Name: James Sims

13. Birthplace: ARK. (City, town, or county) (State or foreign country)

14. Maiden name: Unknown,

15. Birthplace: ARK. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Dorothy T. Sims,

(b) Address: 2903 East 33rd St., K. C., Mo.

17. (a) Burial: (Burial, cremation, or removal)

(b) Date thereof: 4-28-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Moriah Cemetery,

18. (a) Signature of funeral director: Stine & McClure

(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) Apr 27-1942 (Date received local registrar)

Oran N. Henry (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.: 2903 East 33rd St.,
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)

If yes, name country: X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 26
year 1942 hour 11:05 minute 9 a.m.

21. I hereby certify that I attended the deceased from Oran 1942 to Oran 1942;

that I last saw him alive on Oran 1942;

and that death occurred on the date and hour stated above

Immediate cause of death: Air Plane crash Duration

accident

Due to: Oran 173-8

Due to: 34

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

Major findings: Oran

Of operations:

Of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): air plane crash

(b) Date of occurrence: 11-26-1942

(c) Where did injury occur? O. B. & O. RR yards, W. K. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Private RR yards

While at work? yes (Specify type of place)

(e) Means of injury:

23. Signature: P. W. Peacher (M. D. or other)

Address: Excelsior Springs Mo. Date signed: 4-27-42

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

24
3
1

40
3
0

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8

Filed 5-13-42

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 Leon E. Hodges

Licensed Embalmer No. 2729

P. O. Address 832 Armour Road

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.)

North A.C. Mo.

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