

FILED DEC 22 1943 49

Registration District No.

Primary Registration District No. 1002

State File No.

Registrar's No.

5032

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:  
2315 East 48th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 45 years 65 yrs. (Specify whether years, months or days)

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. 2315 East 48th Street  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Alice V. Sims

3. (b) If veteran, name war no 3. (c) Social Security No. XX

4. Sex Fe 5. Color or race Wh. 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Clarence James Mason 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 21 1864  
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Lynchburg Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation hswfe.

11. Industry or business Joel Chambers

12. Name No Record Va.

13. Birthplace Compton Va.  
(City, town, or county) (State or foreign country)

14. Maiden name No Record Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia Sims Ellis  
(b) Address 2315 East 48th Street

17. (a) Burial (b) Date thereof 11-29-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Morial Cemetery

18. (a) Signature of funeral director BENTLEY MORTUARY

(b) Address 5811 Troost

19. (a) 11-29-43 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26  
year 1943 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 20 1940 to Nov 25 1943  
that I last saw h. or alive on Nov 25 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis  
Mal nutrition from above  
and debility. Duration 2 yrs  
2 yrs.

Due to 932  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
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 2  
23. Signature J. E. Schorn (M. D. or other) Dr.  
Address 213 Kirby Bldg Date signed 11-27-43

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

MOTHER FATHER

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**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..... *Thos. Buffington* .....

Licensed Embalmer No..... *2756* .....

P. O. Address..... *15 E 7th* .....

**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.**