

FILED AUG 13 1945

Registration District No.

Primary Registration District No.

1002

Registrar's No.

3221

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. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days) 12 years

3. (a) PRINT FULL NAME Mayme Anna Sims

3. (b) If veteran, name war No 3. (c) Social Security No. 499-16-1938

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Howard J. Sims 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Sept 19, 1892
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Poplar Bluff Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife Sales lady

11. Industry or business Home John Taylors

12. Name Ernest Ehlers Sr.

13. Birthplace Milwaukee Wis
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Howard K. Sims

(b) Address 3826 Charlotte K.C. Mo.

17. (a) Burial (b) Date thereof 7/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 7-31-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3826 Charlotte
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1945 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 26, 1945 to July 28, 1945
that I last saw her alive on July 28, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death brain hemorrhage

Due to

Due to

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

Major findings:
Of operations

Of autopsy See above

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?

23. Signature Clark A. Seely (Specify type of place) (c) Means of injury Other
Address Med. Dir. Gen'l Hosp. Date signed 7-28-45

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. *4863*

P. O. Address. *Kansas City, Mo.*

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.