

Registration District No. 146

Primary Registration District No. 5568

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
128 North Willow, Fairmt. Stn.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years
(Specify whether years, months or days)
In this community 30 years

3. (a) PRINT FULL NAME MRS. SALLIE SIMS

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 1895 years
7. Birth date of deceased February 3
(Month) (Day) (Year)

8. AGE: Years 51 Months 9 Days 25
If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Basil Hall
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Summers
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred Sims
(b) Address 128 N. Willow, Fairmt. Stn., K.C.
17. (a) burial (b) Date thereof Dec. 1 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, Mo.
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence Mo.
19. (a) 12-4-46 (b) [Signature]
(Date received local registrar) (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. 128 North Willow
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1946 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov. 28, 1946, to Nov. 28, 1946;
that I last saw her alive on Nov. 25, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of Lung from Duration 2 mos.
Due to Cancer of left breast (removed)
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature Charles Nickerson (M. D. or other)
Address Independence Mo. Date signed 11/28/46

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.....

John Pasley

Licensed Embalmer No.

42308

P. O. Address.....

Independence, 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.