

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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED DEC 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40843

State File No.

5127

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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 11 days
(Specify whether
In this community 45 years
years, months or days)

3. (a) PRINT
FULL NAME

John R. SIMS

3. (b) If veteran,
name war no

3. (c) Social Security
No. none

4. Sex male
5. Color or race white

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

6. (b) Name of husband or wife
none

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

7. Birth date of deceased January 29, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 6 hr. min.

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

10. Usual occupation Clerk

11. Industry or business Quartermaster Depot

12. Name Nathaniel B. Sims

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

14. Maiden name Martha W. Childers

15. Birthplace Boone County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena M. Elledge

(b) Address 4129 Holmes, K. C., Mo.

17. (a) Burial (b) Date thereof 12-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Melody-McGilley-Evlar

(b) Address Kansas City, Missouri

19. (a) 12-6-46 (b) Geraldine Holmes
(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. 4129 Holmes St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th
year 1946 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from
11-24-46, 19 , to 12-5-46, 19 ;
that I last saw him alive on 12-5-46, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death
Thrombosis of lenticulostriate artery

Duration

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 sta-
tistically.

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

23. Signature of Dr. K.C. Gen. Hosp. K.C. Mo.
Address 12-6-46

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

Oliver E. Heck

Licensed Embalmer No.

4063

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.