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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 40844

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 5192

**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: 808 E. 14th St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether In this community) 2 yrs.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 808 E. 14th St. (If rural, give location) 8
(e) Citizen of foreign country? No. — (Yes or No) 5
If yes, name country ____

3. (a) PRINT FULL NAME Theodore Sims
3. (b) If veteran, name war No
3. (c) Social Security No. 223-18-4621

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Oct. (Month) 29 (Day) 1900 (Year)

8. AGE: Years 46 | Months 1 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Oklahoma (City, town, or county) Oklahoma (State or foreign country)
10. Usual occupation Laborer
11. Industry or business odd Jobs

FATHER
12. Name Eaton Sims
13. Birthplace Unknown - Louisana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Daisy Powell
15. Birthplace Little Rock, Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Maggie Rose
(b) Address 1402 Olive St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem.
18. (a) Signature of funeral director C. A. Davis.
(b) Address 1513 Troost Ave.
19. (a) 12-10-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3 year 46 hour 3 minute 05 A.M.
21. I hereby certify that I attended the deceased from ____, 19— to Coroner, 19—; that I last saw him alive on ____, 19—; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cardiac Failure | |
| Due to Hypertensive Heart Disease. | |
| Due to ____ | |
| Other conditions (Includes pregnancy within 3 months of death) | |
| Major findings: Of operations ____ | |
| Of autopsy No Permit. | |

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

23. Signature Deputy Coroner (M. D. or other)
Address 2636 Broadway Date signed 12-5-46

(Licensed Embalmer's Statement on Reverse Side)

## 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. 4417

P. O. Address.....

**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.**