

No. 2
12-45
17-39
X47070

State File No.

FILED APR 17 1947
Registration District No. 72

Primary Registration District No. 3018

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Clay

(b) City or town North Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home 1902 Swift
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 45 years
years, months or days

3. (a) PRINT FULL NAME GEORGIA SIMS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race Whiet

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

6. (b) Name of husband or wife J. C. Sims

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Nov. 14 1867
(Month) (Day) (Year)

8. AGE:	Years <u>79</u>	Months <u>3</u>	Days <u>20</u>	If less than one day	
				X hr.	X min.

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

10. Usual occupation House Wife

11. Industry or business X

12. Name ~~XXXXXXXXXX~~ Charles M. Hart

13. Birthplace Unknown Unknown

14. Maiden name Nancey Jackson
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mr J. C. Sims

(b) Address 1902 Swift, N.K.C., Mo.

17. (a) Burial (b) Date thereof 3/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lowson Mo.

18. (a) Signature of funeral director Morton Smith's F.H.

(b) Address 832 Armour Rd. N.K.C. MO

19. (a) Mar 6 - 1947 (b) Beulah Kitcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town North Kans City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1902 Swift 1
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1947 hour 10:10 P.M. XX
minute

21. I hereby certify that I attended the deceased from March 3
1947 to March 4 1947.

that I last saw her alive on 3-4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia

Due to infectious erythema
and arthritis

Due to myocarditis

Other conditions (include pregnancy within 3 months of death)

Major findings: 107

Of operations

Of autopsy

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 Helmi Longhas (M. D. or other) MD

Address 1600 ... Date signed 3-5-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

63

RECEIVED

District Health Officer No. 8,

Case File Number _____

Date Filed 4-15-47

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 _____

Hester R. Flannery, Registered Apprentice No. 447
working under my personal supervision.

Signed Theron C. Smith

Licensed Embalmer No. 3928

P. O. Address North Ken City

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.