S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29964

FILED SEP 25 1948

Registration District No. 49

Primary Registration District No. 1602

Registrar's No. 3763

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3929 ~~none~~ Roanoke
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community 4 year
years, months or days)

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. 3929 Roanoak
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM HOMER SIMS

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife XX

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

7. Birth date of deceased November (Month) 15 (Day) 1875 (Year)

8. AGE: 72 Years Months 9 Days 29 If less than one day hr. min.

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

10. Usual occupation retired merchant

11. Industry or business

MOTHER FATHER

12. Name James Bryant Sims

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

14. Maiden name Sarah Winters

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

16. (a) Informant Visa Brown

(b) Address 3929 Roanoak K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16, 48 (Month) (Day) (Year)

(c) Place: burial or cremation Dearborn, Mo.

18. (a) Signature of funeral director Vaughn & Aufranc

(b) Address Dearborn, Missouri

19. (a) 9-14-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1948 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from Coronary, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Sclerosis	
Due to Uremia Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 930	

Major findings:
Of operations

Of autopsy no

History & Symptoms

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 Jean C. Kelly (M. D. or other) Coroner

Address 1406 Ry Bldg Date signed 9-14-48

(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 W. R. Vaughn

Licensed Embalmer No. X023

P. O. Address Weston, 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.