

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33993

State File No.
Registrar's No. **4353**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (In this place) 33 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 32 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Providence		d. STREET ADDRESS* (If rural, give locality) 1826 Forest	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) ROBERT c. (Last) SIMS	4. DATE OF DEATH (Month) (Day) (Year) Oct 9 1949
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH July 18, 1897	9. AGE (In years last birthday) Months Days 52 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY Packing House Union	11. BIRTHPLACE (State or foreign country) South Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John W. Simms	13b. MOTHER'S MAIDEN NAME Emma Dawkins	14. NAME OF HUSBAND OR WIFE Julia Mae Simms
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 510-07-3768	17. INFORMANT'S SIGNATURE OR NAME Julia Mae Simms	ADDRESS 1813 Kansas
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18. CAUSE OF DEATH Enter only the cause per se for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) High Blood Pressure		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331A	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10/5/49**, 19**49**, to **10/9/49**, 19**49**, that I last saw the deceased alive on **10/9/49**, 19**49**, and that death occurred at **9** m., from the causes and on the date stated above.

23a. SIGNATURE J.A. Nigro	(Degree or title) M. D.	23b. ADDRESS Kansas City, Mo.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct 15	24c. NAME OF CEMETERY OR CREMATORY -	24d. LOCATION (City, town, or county) (State) Pasadena Calif
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DATE REC'D BY LOCAL REG. 10-11-49	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE A.B. Moore	ADDRESS 1820 E 18th
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Albert Negro

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *AB Moore*

Licensed Embalmer No. *2410*

P. O. Address *1820 East 18th St*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 33993-49

State of Missouri
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4353

On this 17th day of November, 1949, before me appears Julia

Mae Sims, who, upon her oath, states that the original record of ^{birth} death

for Robert Simms died October 9, 1949, in the State of Missouri, and which was filed at Kansas City on Oct. 11, 1949, should be corrected as follows:

Item No. 2d should read 1813 Kansas

Instead of 1826 Forrest

Item No. 3 should read Robert Sims

Instead of Robert Simms

Item No. 13a should read John W. Sims

Instead of John W. Simms

Item No. 14 should read Julia Mae Sims

Instead of Julia Mae Simms

Item No. 17 should read Julia Mae Sims

Instead of Julia Mae Simms

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Julia Mae Sims Relationship Wife

1813 Kansas (zone 1)
Present Address.

Subscribed and sworn to before me this 17th day of November, 1949.

My Commission expires Oct 21, 1951 : Carrie M. Ruppelius Notary Public.

*Verified by Social Security
record # 510-07-3768.*

