

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43797**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5474

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kansas City Tuberculosis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>627 Ewing</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u> b. (Middle) <u>Douglas</u> c. (Last) <u>Sims</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>26</u> <u>1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-4-1906</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer - Penrod</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Veneer work</u>	9. AGE (In years last birthday) <u>43</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
13a. FATHER'S NAME <u>Jergen & Clara</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		14. NAME OF HUSBAND OR WIFE <u>Vivian Sims</u>	
16. SOCIAL SECURITY NO. <u>500-07-7908</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kansas City Tuberculosis Hospital</u>	
18. DATE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MAJOR FINDINGS OF OPERATION <u>002 X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>11</u> <u>30</u> <u>A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 31</u> , 19 <u>49</u> , to <u>Dec 26</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 26</u> , 19 <u>49</u> , and that death occurred at <u>6:00</u> A.M., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. K. Landis</u> (Degree or title) <u>D. K. Landis M.D.</u>		23b. ADDRESS <u>A.C.T. 13 Hoop</u>	
23c. DATE SIGNED <u>12/26/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-29-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Moriah Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Mt. Moriah, Missouri</u>
DATE REC'D BY LOCAL REG. <u>12-27-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman & Son, Inc</u>		ADDRESS <u>Kansas City Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 D. Ross Blanford

Licensed Embalmer No. 4015

P. O. Address: K. C. 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.