

RECEIVED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4326

31865

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

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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. LENGTH OF STAY (In this place) <u>31 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>1301 CAMPBELL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ON STREET 64M'GEE</u>				d. STREET ADDRESS (If rural, give location) <u>1301 CAMPBELL</u>			
3. NAME OF DECEASED (Type or Print) <u>Floyd</u>		a. (First)		b. (Middle) <u>SIMS</u>		c. (Last)	
4. DATE OF DEATH		9		23		1952	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>COLORED</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>APRIL 27, 1921</u>	
9. AGE (In years; last birthday) <u>31</u>		If under 1 year: Months _____ Days _____		If under 1 mth: Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PORTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SALOON</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FLOYD SIMS, SR.</u>		13b. MOTHER'S MAIDEN NAME <u>ESTHER McQUAY</u>		14. NAME OF HUSBAND OR WIFE <u>JOAN SIMS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>DOROTHY SLEDGE</u> ADDRESS <u>2214-E-9<sup>th</sup> ST. K.C.</u>			
18. CAUSE 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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Stroke &amp; Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH	
		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to lack -</u>					
		3. 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				20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. TIME OF INJURY <u>9/27/52 / 12:30 PM</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>K.C. Jackson MO</u>			
		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot wound.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Thos. A. Jones</u> (Type or Print) (Signature) (Title) <u>MD</u>				23b. ADDRESS <u>1612 E 12th</u>		23c. DATE SIGNED <u>10/2/52</u>	
24a. BURIAL OR REMOVAL (Specify) <u>Interred</u>		24b. DATE <u>10-3-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Weslawn</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>	
DATE REC'D BY LOCAL REG. <u>10-3-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. H. A. Moore</u> ADDRESS <u>1820 E. 18th St</u>			

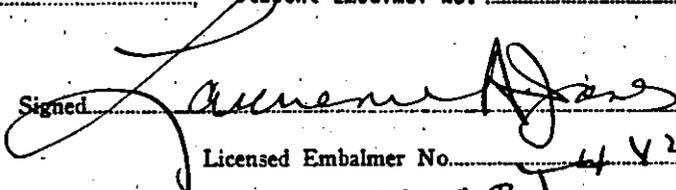
**STATEMENT BY LICENSED EMBALMER**

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  \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_ 4429

P. O. Address 1709 Tray

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.