

S. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37962**
4560
Registrar's No.

Registration District No. **399**

Principal Registration District No. **1002**

Registrar's No.

DEC 11 1940

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2005 East 9th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Mattie Sims

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased December 10, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 16 hr. min.

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

10. Usual occupation Seamstress

11. Industry or business _____

MOTHER FATHER { 12. Name Ruben Sims

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

14. Maiden name Eliza Brack

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

16. (a) Informant Jesse Sims

(b) Address 2005 East 9th Street

17. (a) burial (b) Date thereof 11/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Nottingham Bros
(b) Address 1729 Lydia

19. (a) 11-29-40 (b) M. M. Cronow
(Date received local registrar) (Registrar's signature)

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. 2005 East 9th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26
year 1940 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov 13
1940 to Nov 26, 1940
that I last saw her alive on Nov 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction Duration 76 hrs

Due to Chronic nephritis
Chronic cystitis

Due to Hypertensive heart
disturbance

Other conditions 31
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Nottingham Bros (M. D. or other) M. D.
Address 2224 Olive Date signed 11/27/40

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Isaac Jerome Manlove

Licensed Embalmer No.

3994

P. O. Address

1120 E. 23rd 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, above space should be left blank.