

STANDARD CERTIFICATE OF DEATH

State File No. 1760

FILED FEB 11 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 463

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:
Lobby of Continental Hotel 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
In this community 23 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 44
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4555 Main Street 7
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Jessie Ellen Simms

3. (b) If veteran, name war no. 3. (c) Social Security No. 487-07-0130

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John W. Simms
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased June 16 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 7 8 hr. min.

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

10. Usual occupation Special Representative of

11. Industry or business National Fidelity Life Ins. Co.

MOTHER FATHER { 12. Name Joseph C. Todd
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Ellen O. Roach
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant John W. Simms
(b) Address 4555 Main St., Kansas City, Mo.

17. (a) burial (b) Date thereof 1-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) 1-28-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1946 hour 12:30 minute P. M.
21. I hereby certify that I attended the deceased from Feb 1935
to Jan 24 - 1946
that I last saw her alive on Jan 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion
Duration: Moments
Due to: Hypertensive Cardio-vascular disease 3 yrs
Essential Hypertension 12 yrs

Other conditions: Cholelithiasis
(Include pregnancy within 3 months of death)

Major findings: Of operations: 131a
Of autopsy: 131a
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 Ed. Peter (M. D. or other) W.D.
Address - 300 Argyle Bldg Date signed 1-25-46

WRITE PLAINLY—USE UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1240

Dr. E. L. Petry, Argyle Bldg.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.