

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **1363**
273

FILED FEB 4 1950

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002 Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home - 1320 Michigan			d. STREET ADDRESS (If rural, give location) 1320 Michigan ave 3/0		
3. NAME OF DECEASED (Type or Print) a. (First) Gussie		b. (Middle) Mae Jackson		c. (Last) Simms	
4. DATE OF DEATH (Month) (Day) (Year) Jan-16-1950		5. SEX Female		6. COLOR OR RACE Colored	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January-5-1900		9. AGE (In years last birthday) 50 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Silk Finisher		10b. KIND OF BUSINESS OR INDUSTRY Cleaning Plant		11. BIRTHPLACE (State or foreign country) Muskogee Okla	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Thomas H Blair		13b. MOTHER'S MAIDEN NAME Laura Gantt	
14. NAME OF HUSBAND OR WIFE Will Simms		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. 496 16-1001	
17. INFORMANT'S SIGNATURE OR NAME Will Simms		ADDRESS 1320 Michigan		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral Apoplexy	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH ?	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		19a. DATE OF OPERATION —	
19b. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) KE Jackson MO		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? —		22. I hereby certify that I attended the deceased from 1/7/50 19 50 , to 1/16 , 19 50 , that I last saw the deceased alive on 1/16 , 19 50 , and that death occurred at 8:45 PM , from the causes and on the date stated above.	
23a. SIGNATURE (Name or title) L.W. Turner		23b. ADDRESS 1612 E 12		23c. DATE SIGNED 1/17/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan-23-50		24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City - MO		25. FUNERAL DIRECTOR'S SIGNATURE West, Appleton & Jones		ADDRESS K.C.M.	
DATE REC'D BY LOCAL REG. 1-18-50		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE West, Appleton & Jones	

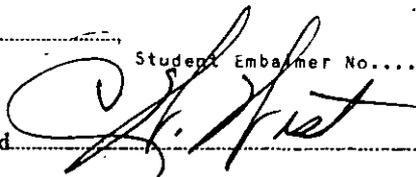
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed .....
Student Embalmer No.....

Licensed Embalmer No. 2710

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.