

REC'D DEC 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39563

Do not use this space.

1. PLACE OF DEATH

(a) County JohnsonRegistration District No. 427(b) Township KingsvillePrimary Registration District No. 553(c) City Kingsville R.F.D.(d) Street No. 520Registered No. 50(e) Length of residence in city or town where death occurred 64 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 520Nancy Margaret SimsSt. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 9 - 1858

7. AGE

YEARS

80

MONTHS

9

DAYS

4If LESS than 1
day, ... hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.At Home9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Cooper County
Missouri

FATHER

13. NAME

W. W. Sims14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky

MOTHER

15. MAIDEN NAME

Sarah Ann Longley16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri17. INFORMANT
(ADDRESS)W. E. Bales
Kingsville - Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Duncan CemeteryDATE Nov 16

1938

19. FUNERAL DIRECTOR
(ADDRESS)T. W. Goodman
Holden, Missouri

20. FILED

Nov 15, 1938 Mrs. B. P. Redford
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 193822. I HEREBY CERTIFY, That I attended deceased from
11 - 14, 1938, to 11 - 14, 1938I last saw him alive on 11 - 14, 1938. Death is said
to have occurred on the date stated above, at 2:00 P.m.

The principal cause of death and related causes of importance were as follows:

Lobular Pneumonia

Date of onset

11/6/38

Other contributory causes of importance:

Arterio Sclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) W. Beckman, M. D.388 (Address) Strasburg, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/9/38

STATEMENT BY LICENSED EMBALMER

I, W. Goodman, Licensed Embalmer No. 2424
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

W. Goodman

Licensed Embalmer No.

2424

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.)