

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

**44722**  
Do not use this space.

1. PLACE OF DEATH *1038*  
(a) County *Saline* Registration District No. *861*  
(b) Township *Saline* Primary Registration District No. *6132* Registered No. *22*  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Nirva Rie Lee Sims*  
(a) Residence, No. \_\_\_\_\_ St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Girl* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Infant*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Infant*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 2, 1938*  
7. AGE YEARS MONTHS DAYS *9* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. 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 occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Forsythe S. Mo.*

FATHER 13. NAME *Jesse Manuel Sims*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Saline Co. O*

MOTHER 15. MAIDEN NAME *Cliffy Brown*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Saline Co. O*

17. INFORMANT (ADDRESS) *Jesse M. Sims*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Home* DATE *Nov. 12, 1938*

19. FUNERAL DIRECTOR (ADDRESS) *Home*

20. FILED *Nov. 11, 1938* *Irene Brown Rayner* Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-11-1938*

22. I HEREBY CERTIFY, That I attended deceased from *11-11-1938* to *11-11-1938*

I last saw him alive on *Nov 11, 1938* Death is said to have occurred on the date stated above, at *4:30 a.m.*

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

*Labor Pneumonia (Strep)*  
Date of onset *10-10-38*

Other contributory causes of importance

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 of injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) *Irene Brown Rayner*, M. D.

(Address) *Saline Co. Mo.*

RECEIVED

District Health Officer No. 6,

District File Number 6-38-893

Date Filed DEC 19 1938

---

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

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

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.)