

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

1225  
 Do not use this space.

REC'D FEB 20 1939

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township New Primary Registration District No. 1002 Registered No. 238  
 (c) City R. C. Mo. (d) Street No. General Hospital #2 St. \_\_\_\_\_  
 (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 Bro. J. Sims  
 (a) Residence, No. 1215 Woodland 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 male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Simms

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-20-1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>42</u>	<u>11</u>	<u>21</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Comp laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc. H. O. A.  
 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) Shreveport La.

FATHER  
 13. NAME Deceased Ed Simms  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

MOTHER  
 15. MAIDEN NAME Deceased  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Record Clerk  
 (ADDRESS) General Hospital #2

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Shreveport La. DATE 1/20 1939

19. FUNERAL DIRECTOR Hatkins Bros  
 (ADDRESS) 1739 1/2 St

20. FILED Jan 19 39 M. H. Crowe  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-26 1938 to 1-10 1939  
 I last saw him alive on 1-10- 1939 Death is said to have occurred on the date stated above, at 9:40 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Bilateral Inguinal Hernia.  
Hypertrophy and Dilatation of Heart  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Hypertrophy and Dilatation of Heart

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. C. Turner M. D.  
 (Address) General Hospital #2

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, T. B. Halkins, Licensed Embalmer No. \_\_\_\_\_

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

T. B. Halkins L. E.

No. 2889 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed T. B. Halkins

Licensed Embalmer No. 2889

**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.)**