

NOV 24 1939

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

36199
Do not use this space.

1. PLACE OF DEATH

(a) County **Henry**
(b) Township
(c) City **Windsor**

Registration District No.
Primary Registration District No. **14211**

Registered No. **23**

(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

Stillborn Son of Mr. & Mrs. Joseph Sims

(a) Residence, No. St. (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 7, 1939**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **Blueborn**

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) **Windsor** (STATE OR COUNTRY) **Missouri**

13. NAME **Joseph Sims**
14. BIRTHPLACE (CITY OR TOWN) **Henry County** (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Phyllis Williams**
16. BIRTHPLACE (CITY OR TOWN) **Camden County** (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Joseph Sims**
Windsor, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Windsor, Mo.** DATE **Oct. 7, 1939**

19. FUNERAL DIRECTOR (NAME) **Huston-Turner** (ADDRESS) **Windsor, Mo.**

20. FILED **1047** **31** **1939** **Windsor, Mo.** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 7, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 7, 1939** to **Oct 7, 1939**

I last saw him alive on **Oct 7, 1939** Death is said to have occurred on the date stated above, at **24** m.

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

Still Birth

Other contributory causes of importance:

Name of operation **none** Date of **none**
What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **none** Date of injury **none**
Where did injury occur? **none** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **none**
Nature of injury **none**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **none**
(Signed) **Ray S. Jordan** M. D.
(Address) **Windsor, Mo.**

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1596

Date Filed 11-4-39

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 E. M. Hunter

Licensed Embalmer No. 3391

P. O. Address Windsor, 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, above space should be left blank.