

MARGIN RESERVED FOR BINDING

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

44052

State File No. _____

Registration District No. 566

Primary Registration District No. 3030

Registrar's No. 132

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 5 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County Mississippi

(c) City or town Charleston, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT-FULL NAME TOM SIMS JR

3. (b) If veteran, name war World War

3. (c) Social Security No. X189-18-6646

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1939 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Dec 4
1939, to Dec 4, 1939,
that I last saw him alive on Dec 4, 1939,
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wife

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Mar 25, 1897
(Month) (Day) (Year)

Immediate cause of death Cardiac failure

Duration 12/4/39

8. AGE: Years 42 Months 8 Days 14
If less than one day hr. _____ min.

Due to _____

Due to _____

9. Birthplace Cahomo Co Mississippi
(City, town or county) (State or foreign country)

10. Usual occupation laborer

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Tom Sims Sr

13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Hanna Thomas

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alberta Sims

(b) Address Charleston, Mo.

17. (a) Burial (b) Date thereof 12/8/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Charles N. Shelby

(b) Address East Orange, Mo 64577

19. (a) 12-8-39 (b) F. J. Vermin
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place? _____

23. Signature Paul S. Burn (M. D. or other) _____
Address Charleston 510 Date signed 12/8/39

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Travis N. Shelby

Licensed Embalmer No. *2726*

P. O. Address *East Prairie, 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.