

Registration District No. 801

Primary Registration District No. 6045-

Registrar's No. 2

1. PLACE OF DEATH:

- (a) County Saline
(b) City or town Rural - Liberty Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____
(Specify whether
In this community: most of his life
years, months or days)

3. (a) PRINT
FULL NAMELEE MILLER SIMS

3. (b) If veteran,

name war ✓

3. (c) Social Security

No. ✓4. Sex male

5. Color or

race white

6. (a) Single, widowed, married,

divorced married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

June (Month)3 (Day)1980 (Year)

8. AGE:

Years

59

Months

7

Days

6

If less than one day

✓ hr. ✓ min.

9. Birthplace

Cretchen

(City, town, or county)

mo

(State or foreign country)

10. Usual occupation

farmer

11. Industry or business

12. Name

Jerry W. Sims

13. Birthplace

Danbush

(City, town, or county)

Virginia

(State or foreign country)

14. Maiden name

Mary J. Bailey

15. Birthplace

Sunset Spring

(City, town, or county)

mo

(State or foreign country)

16. (a) Informant's own signature

Hadley Bailey Sims

(b) Address

Shadelford, mo

17. (a)

Rural

(b) Date thereof

Jan 9 1940

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Ridge first cemetery

18. (a) Signature of funeral director

J. L. Lachin

(b) Address

W. Marshall

19. (a)

Jan 6

(b)

Mrs. C. E. Reid

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Saline
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Liberty Township
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 40 hour 2 minute 00 M.

21. I hereby certify that I attended the deceased from

Jan 6 1940 to Jan 6 1940

that I last saw him alive on Jan 6 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Asphyxia
Pectoris
Acute

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

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, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

W. Marshall

(M. D. or other)

Address

Shadelford, moDate signed 1/6/40

RECEIVED
District Health Officer No. 8,
District File Number *11440*
Date Filed

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 _____

Licensed Embalmer No. *1235*

P. O. Address *Marshall*

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.