

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

12528

APR 23 1940

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Fitzgibbon Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 da (Specify whether years, months or days)  
In this community 20 yr

3. (a) PRINT FULL NAME Lilly Lucy Sims 530  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Benjamin Lester Sims 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased 2 - 9 - 1880 (Month) (Day) (Year)

8. AGE: Years 60 Months 22 Days 22 If less than one day hr. min.

9. Birthplace Saline Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Edgar Harman  
18. Birthplace Saline Mo (City, town, or county) (State or foreign country)  
14. Maiden name Martha Thomas  
15. Birthplace Saline Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Christina Sims  
(b) Address Marshall Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-40 (Month) (Day) (Year)  
(c) Place: burial or cremation Sweet Springs Cemetery

18. (a) Signature of funeral director Harry Hershberger  
(b) Address Marshall Mo

19. (a) 3-4-40 (Date received local registrar) (b) Mary Kent (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline  
(c) City or town Rural, Sweet Springs (If outside city or town limits, write "RURAL")  
(d) Street No. R. F. D. #1 (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1 year 1940 hour 11:00 minute P M.

21. I hereby certify that I attended the deceased from about Dec. 29 to Mar. 1, 1940  
that I last saw him/her alive on Mar. 1, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia  
phlebotomy coma. Urinemia  
Diabetes was of long duration

Due to \_\_\_\_\_

Due to 54

Other conditions Older media  
(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? Yes  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

28. Signature Chas R. Parsons (M. D. or other) \_\_\_\_\_  
Address Sweet Springs Date signed 3-3-40

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 4-9-42

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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.....

*Fred Wilkinson*

Licensed Embalmer No. ....

*2478*

P. O. Address.....

*Clinton 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.