

MAY 13 1940
Registration District No.

89

Primary Registration District No.

3007

State File No.

89

Registrar's No.

1. PLACE OF DEATH:

- (a) County Butler
(b) City or town Poplar Bluff
(c) Name of hospital or institution: 2
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location):

- (d) Length of stay: In hospital or institution 35 yrs.
(Specify whether years, months or days)

3. (a) PRINT
FULL NAMEMartha Eunice Sims

3. (b) If veteran,

name war.

No.

3. (c) Social Security

No.

No.

4. Sex

F

5. Color or

race

W

6. (a) Single, widowed, married,

divorced

married

6. (b) Name of husband or wife

John W. Sims

6. (c) Age of husband or wife if

alive

42 years

7. Birth date of deceased

June231878

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

6191

hr.

min.

9. Birthplace

Martin Co.Ind. I.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name

Elijah Fisher

13. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name

Annusilla Mitchell

15. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

(b) Address

Poplar Bluff Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

Mar. 27, 1940

(Month) (Day) (Year)

(c) Place: burial or cremation

Poplar Bluff Mo.

18. (a) Signature of funeral director

Estelle D. Hines

(b) Address

Cornelia Ark.

19. (a)

4/11/40

(b)

Obitsinger

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

Mo.

(b) County

Butler

(c) City or town

Poplar Bluff

(If outside city or town limits, write "RURAL")

(d) Street No.

01319 Forrest Lane

(If rural, give location)

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

years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

Mar.

day

24

year

1940

hour

10

minute

20 P.M.

21. I hereby certify that I attended the deceased from

April 14, 1939, to March 24, 1940that I last saw her alive on March 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

myocarditis, chr.

Duration

2 yrs.

Due to

nephritis, chr.7.

Due to

arteriosclerosis & hypertension2.

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?

80

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Joater Harwell

(M. D. of)

Address

Poplar Bluff Mo.Date signed 4/1/40

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.....

Leslie D. Russell, Registered Apprentice No.
working under my personal supervision.

Signed.....

Leslie D. Russell

Licensed Embalmer No. 3855

P. O. Address Corning, Ark.

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.