DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14658

MAY 13 1940

Registration District No. 203 — Primary Registration District No. 5281 — Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Clay Platte Twp

(b) ~~City or town~~ Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2½ miles Southeast of Paradise, Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether In this community 50 years, months or days) 570

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. 2½ miles Southeast of Paradise (If rural, give location)

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

3. (a) PRINT FULL NAME George Spratt Sims

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Alice Wallis

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August (Month) 20 (Day) 1874 (Year)

8. AGE: Years 65 Months 7 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Platte County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Same

FATHER
12. Name Danial Sims
13. Birthplace ..... (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Harriett Brooks
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. George Sims

(b) Address Smithville, Mo. R.F.D

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Second Creek Cemetery

18. (a) Signature of funeral director McComas Mortuary

(b) Address Smithville, Missouri

19. (a) 4-6-1940 (Date received local registrar) (b) E. C. Hill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day April year 1940 hour 10 o'clock minute ..... M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	
Due to Heart	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

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 April 3rd 1940

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 194 (Specify type of place)

While at work? yes (e) Means of injury ✓

23. Signature Mrs. W. L. Mason Thomas (M. D. or other)

Address Liberty Clay Co. Missouri (Date) signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-2-40

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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Owen J. Boggess Jr.

Licensed Embalmer No. 13940

P. O. Address Smithville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.