

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

Rev. 5-17-39
U.S. 1 10111

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

25010

State File No.

FILED AUG 10 1940

Registration District No. 219

Primary Registration District No. 5301

Registrar's No.

1. PLACE OF DEATH:

- (a) County **COOPER**
(b) City or town **SPEED**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **2**

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

- (d) Length of stay: In hospital or institution (Specify whether
In this community **LIFE**
years, months or days)

3. (a) PRINT FULL NAME **MARY KAY SIMS** **520**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife **NONE** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **FEBRUARY 22** **1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 **5** **8** hr. min.

9. Birthplace **Bunceton** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business **None**

12. Name **D.H. SIMS**

13. Birthplace **BOONE COUNTY** **MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **LEONA BALDWIN**

15. Birthplace **BOONE COUNTY** **MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **D.H. Sims**
(b) Address **Speed, Mo.**

17. (a) **BURIAL** (b) Date thereof **AUGUST 1**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BUNCETON MISSOURI**

18. (a) Signature of funeral director **STEGNER & KOENIG**
(b) Address **BOONVILLE MISSOURI**

19. (a) (b) (c)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **MISSOURI** (b) County **COOPER**

- (c) City or town **SPEED**
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **31**
year **1940** hour **2:50** minute **2** A.M.

21. I hereby certify that I attended the deceased from **July 7 - 1940**
July 30, 1940 **7-31**, 1940
that I last saw him alive on **July 30**, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia** Duration **7/7/40**

Due to **Human Measles**

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 **Dr. A. L. Meredith** (M. D. or other) **M.D.**

Address **Prairie Home, Mo** Date signed **7/7/40**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-7-49

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.....

James W. Stegner

Licensed Embalmer No. 3780

P. O. Address

Boonville, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20010

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 219

Primary Registration District No. 2301

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Coppey
(b) City or town Palestine
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT
FULL NAME

Mary K. Sims

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex 7

5. Color or
race W

6. (a) Single, widowed, married,
divorced 8

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if
alive _____ year

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

5

8

hr. min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug-1-40
(Date received local registrar)

(b) Anna Whitaker
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____
(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

20. DATE OF DEATH: Month July day 31
year 1940 hour _____ minute _____ M.

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

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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 A. L. Meredith (D. or other) _____

Address Prairie Home Date Aug 1 1940

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

SUPPLEMENTAL

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

