

11-10-39
v. 5-17-39
I X21492

State File No. _____

Registrar's No. 4

Registration District No. 844

Primary Registration District No. 6250

04

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

1. PLACE OF DEATH:
 (a) County Stone
 (b) City or town Stone
 (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) 2
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Oscar Sims 520
3. (b) If veteran, _____ **3. (c) Social Security** _____
 name war _____ No. _____

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married _____
 divorced Married
6. (c) Age of husband or wife if _____
 alive 12 years
8. (b) Name of husband or wife Mollie Sims
7. Birth date of deceased July 1877
 (Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 12
 If less than one day _____ hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farmy 9

12. Name James Sims

13. Birthplace Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Rosa Cox

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Rosa Daniels

(b) Address Rt #1 Verona

17. (a) Place of burial or cremation Stone Co. Mo.
 (Burial, cremation, or removal) (b) Date thereof July 21, 1940
 (Month) (Day) (Year)

18. (a) Signature of funeral director Loon Funeral Home

(b) Address Cassville

19. (a) 7-21-40 (Date received local registrar) **(b) O. Magers** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stone
 (c) City or town Rt #2 Galena, Mo
 (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 20
 year 1940 hour 3 minute 15 P. M.
21. I hereby certify that I attended the deceased from July 1-1940
 _____, 1940, to July 20, 1940
 that I last saw him alive on July 19
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia TB
 Duration 1 yr

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? 764
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed July 21, 1940

RECEIVED

District Health Officer NO. 6,

District File Number ~~870-2498~~

Date Filed AUG 19 1940

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 Gene Wood

Licensed Embalmer No. 3804

P. O. Address Cassville, 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.