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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

m21555

State File No.

Registration District No. 309

Primary Registration District No. H/15

Registrar's No. 29

1. PLACE OF DEATH:

(a) County. Gentry

(b) City or town. Albany
(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 Margaret A. Sims

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife. James E. Sims 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Nov. 8th 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 7 6 hr. min.

9. Birthplace. Holmes Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business _____

12. Name Henry Rosss

13. Birthplace. Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name. Unknown

15. Birthplace. Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arch Pierce

(b) Address Albany Mo.

17. (a) Burial (b) Date thereof 6/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) June 17, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Gentry 38

(c) City or town. Albany 1
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1941 hour 11 minute 50P. M.

21. I hereby certify that I attended the deceased from April 12, 41
June 14, 1941 to June 14, 1941
that I last saw him alive on June 14, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Senility

Due to _____

Other conditions. _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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? 281

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

(f) Means of injury _____

23. Signature JN Berger (M. D. or other) 0

Address Albany Date signed 6-16-41

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

12-1-1911
12-1-1911
12-1-1911
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12-1-1911

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 *me*

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

Signed *C. Alfred Brooks*

Licensed Embalmer No. *3329*

P. O. Address *Albany 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, fact should be so stated above.