

NOV 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35495

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 286

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(c) Name of hospital or institution: Levering Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(d) Street No. 812 Lindell  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME

Homer Jackson Sims

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

Male

5. Color or race White

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

6. (b) Name of husband or wife Louise Horsemeyer Sims

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 31, 1875

8. AGE: Years 66 Months 2 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ralls County Missouri

10. Usual occupation Carpenter

11. Industry or business XX

MOTHER FATHER { 12. Name Elijah Sims

13. Birthplace Kentucky

14. Maiden name Matilda Tuggle

15. Birthplace Ralls County Missouri

16. (a) Informant Mrs. Homer J. Sims

(b) Address 812 Lindell

17. (a) Burial (b) Date thereof 10/20/1941

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Crawford Smith  
(b) Address 902 Broadway, Hannibal Missouri

19. (a) 10-21-41 (b) H. C. Fisher

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18  
year 1941 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from 10-10  
1941 to 10-18 1941  
that I last saw him alive on 10-18 and that death occurred on the date and hour stated above.

Immediate cause of death Perforated pyloric ulcer - penetrates general  
Due to \_\_\_\_\_

Due to 1170 2

Other conditions myocarditis  
(Include pregnancy within 3 months of death)

Major findings: Perforated pyloric ulcer - persistent  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration 8 hours - 8 days

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? \_\_\_\_\_  
(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 5  
23. Signature Hannibal, Mo (M. D. or other) MD  
Address Hannibal, Mo Date signed 10-20-41

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

4  
3  
4

you want

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**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 A. Moles*

Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

**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.**