

5. No. 2  
-11-10-39  
5-17-39  
-I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9885  
Registrar's No. 1254

FILED APR 8 3 40 9  
Registration District No. 3409

Primary Registration District No. 1002

48  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town H. C.  
(c) Name of hospital or institution: General Hospital # 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution few min  
In this community Wm F. Noun (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lola Sims  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none  
4. Sex Female 5. Color & race Caucasian 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive 18 years  
7. Birth date of deceased: 2 (Month) 16 (Day) 1895 (Year)

8. AGE: Years 47 Months 0 Days 20 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Wm F. Noun (City, town, or county) 9 (State or foreign country)  
10. Usual occupation House maid

11. Industry or business  
MOTHER FATHER { 12. Name Frank Jackson  
13. Birthplace Monroe, La. (City, town, or county) 1 (State or foreign country)  
14. Maiden name Wm F. Noun  
15. Birthplace 9 (City, town, or county) 1 (State or foreign country)

16. (a) Informant Dons Nickles  
(b) Address 17 21 Woodland  
17. (a) Russell (b) Date thereof 3-30-42 (Month) (Day) (Year)  
(c) Place: burial or cremation Blue ridge

18. (a) Signature of funeral director Brady-Brown  
(b) Address 1708 Brady  
19. (a) 3-30-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town H. C. (If outside city or town limit, write "RURAL")  
(d) Street No. 17 21 Woodland (If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 3 day 6 year 42 hour \_\_\_\_\_ minute 17:30 P.M.

21. I hereby certify that I attended the deceased from 17:30 P.M. 1942 to \_\_\_\_\_ 1942;  
that I last saw him alive on \_\_\_\_\_ 1942;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to  gunshot wounds of chest & abdomen  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations 166  
Of autopsy yes

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) homicide  
(b) Date of occurrence 3-26-42  
(c) Where did injury occur? H. C. (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Russell (M. D. or other) \_\_\_\_\_  
Address H. C. Mo Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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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 \_\_\_\_\_

working under my personal supervision.

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 1271

P. O. Address Kansas City 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.