

FILED APR 15 1942

Registration District No. 188

Primary Registration District No. 3020

Registrar's No. 67

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Stone Memorial Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days  
(Specify whether

In this community 15 Days  
years, months or days)

3. (a) PRINT FULL NAME Benjamin Sims

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Loula

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

7. Birth date of deceased Nov. 10 1850  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>4</u>	<u>20</u>	.....hr. ....min.

9. Birthplace Paris Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER {

12. Name Franklin Sims

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

14. Maiden name Rebecca Stewart

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

16. (a) Informant C. O. Sims

(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof March 31 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purcell Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) McK. 31 1942 (b) E. Elizabeth Coruplin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049

(c) City or town Alba  
(If outside city or town limits, write "RURAL.")

(d) Street No. None  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30  
year 1942 hour 9 minut 59 A.M.

21. I hereby certify that I attended the deceased from Mar 17 42  
..... 19..... to Mar 30 42 19.....  
that I last saw him alive on 3-30-42 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis

Due to Influenza

Due to .....

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

Major findings: Of operations 108

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 3

23. Signature Alba (M. D. or other) DO

Address Alba Date signed 3-31-42

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *John D. Batchelder* .....

Licensed Embalmer No..... *4153* .....

P. O. Address..... *Carthage 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.**