

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

NOV 17 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34968

Registrar's No. 166

Registration District No. 324

Primary Registration District No. 3072

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Marshall City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 585 So. Benton 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 36 yr years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Saline
 (c) City or town Marshall 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 585 So. Benton
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HATTIE LORA SIMS

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Math Sims 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb - 18 - 1877
 (Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
 12. Name E W Forman
 13. Birthplace England
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace Syracuse, Morgan Co Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Richard Richart

(b) Address Marshall Mo

17. (a) Burial (b) Date thereof 11-2-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem, Marshall Mo

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall Mo

19. (a) Nov 2-42 (b) Mo T. O. Woodcock
 (Date local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
 year 1942 hour 5 minute 05 P. M.

21. I hereby certify that I attended the deceased from 1941
 19 _____ to Oct 31 1942
 that I last saw her alive on Oct 31 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral apoplexy
 Due to _____

Due to Hypertension - arteriosclerosis
Myocarditis

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy _____
 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? _____

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

23. Signature John L. Lawrence (M. D. or other)
 Address Marshall, Mo Date signed Nov 2, 1942

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

RECEIVED

District Health Officer No. 8,

File Number

File: 71-10-42

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.....

Harry Hershberger

Registered Apprentice No.

334

working under my personal supervision.

Signed

Fred Wilkinson

Licensed Embalmer No.

2478

P. O. Address

Clinton Ma

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.

B
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34968
Registrar's No. 166

Registration District No. 324

Primary Registration District No. 2072

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall
(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 Hattie Lora Sims

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex W

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 18
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 18
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 13 Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death cerebral apoplexy

Due to hypertension arteriosclerosis

Due to myocarditis chronic

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.

1318

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

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

1942
S-34968