

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36978**  
Registrar's No. **37**

FILED DEC 8 1942  
Registration District No. **84**

Primary Registration District No. **5320**

1. PLACE OF DEATH:

(a) County **COOPER**  
(b) City or town **SPEED - Palestine-Twp.**  
(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 **LIFE**  
years, months or days)

3. (a) PRINT FULL NAME **JOHN LAWRENCE 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 **SINGLE**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
alive..... years  
7. Birth date of deceased **JULY 1 1942**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**0 4 13** hr. min.

9. Birthplace **SPEED MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **CHILD**

11. Industry or business

MOTHER FATHER { 12. Name **JOHN NEWELL**  
13. Birthplace **COOPER COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)  
14. Maiden name **DOROTHY SIMS**  
15. Birthplace **BOONE COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS JOHN NEWELL**  
(b) Address **SPEED, MO.**

17. (a) **BURIAL** (b) Date thereof **11/15/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **BUNCETON MASONIC CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**  
**BOONVILLE, MO.**

(b) Address  
19. (a) **Nov 15-1942** (b) **Mrs W W Robison**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**  
(c) City or town **SPEED**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** day **14**  
year **1942** hour **7:45** minute **A.M.**

21. I hereby certify that I attended the deceased from **Nov 11**  
**1942** to **Nov 14** **1942**  
that I last saw him alive on **Nov 14** **1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Intero Colitis**  
Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **119a**

Major findings: Of operations.....

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.....

23. Signature **P. A. L. V. M. M. M.** (M. D. or other)  
Address **Pravie, Mo.** Date signed **11/14/42**

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-7-42

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 \_\_\_\_\_

working under my personal supervision.

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

Signed \_\_\_\_\_

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.