

FILED FEB 13 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1771

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
311 Nichols Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 311 Nichols Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JAMES ROBERT SIMS

3. (b) If veteran, name war No 3. (c) Social Security No. 500-10-8368

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased Jan. 28 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>11</u>	<u>5</u>hr.min.

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

10. Usual occupation Coal Mine Operator

11. Industry or business Coal Mining

12. Name Robert Sims

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

14. Maiden name Alvira Day

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

16. (a) Informant Mrs. Almeta Mason

(b) Address 311 Nichols, Fulton, Mo.

17. (a) Burial (b) Date thereof 3/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pioneer Cem. Fulton.

18. (a) Signature of funeral director Les J. Wallace

(b) Address Fulton, Mo.

19. (a) Jan 4 1943 (b) Joan Mousinkoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 1943
year..... hour..... minute.....

21. I hereby certify that I attended the deceased from July 1
1943 to July 3 1943
that I last saw him alive on July 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency (mitral) Duration 2 yrs

Due to Arterio-sclerosis 1 yr

Due to Anemia 7

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations.....

Of autopsy None

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?.....
(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) (b) Means of injury.....

23. Signature R. J. Wallace (M. D. or other).....

Address Fulton Mo Date signed 1-4-43

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

MOTHER FATHER

1127

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.....

Elbert E. White

Licensed Embalmer No. *4168*

P. O. Address..... *Fulton, 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.