

No. 2  
-5-42  
5-17-39  
1 X52879

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20928

FILED JUN 18 1943

State File No. ....

Registration District No. 43

Primary Registration District No. 5142

Registrar's No. 177

1. PLACE OF DEATH:

(a) County BUTLER

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

(c) Name of hospital or institution: 10  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 6 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER

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

(d) Street No. 1 MI. S. NEELYVILLE MO  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ALBERT SIMMS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 11  
year 1943 hour 3 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from MAY 7, 1943 to MAY 11, 1943  
that I last saw him alive on MAY 7, 1943  
and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race COL

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

6. (b) Name of husband or wife Corra Sims

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Aug 5 1891  
(Month) (Day) (Year)

Immediate cause of death angina pectoris

Due to premature labor

Due to \_\_\_\_\_

Other conditions 104  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>9</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name Robert Sims

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

14. Maiden name Tilda Johnson

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

16. (a) Informant Thomas H. Evans

(b) Address Box 115 Neelyville MO

17. (a) BURIAL (b) Date thereof MAY 12 - 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEELYVILLE CEM

18. (a) Signature of funeral director V. J. Phelps

(b) Address Polk Sheriff's Dept

19. (a) 6-5-43 (b) Belle Turner  
(Date received local registrar) (Registrar's signature)

Major findings: none

Of operations \_\_\_\_\_

Of autopsy no

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 Heimlich (M. D. or other) D. J. C.

Address Neelyville MO Date signed 5/11/43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number

643-845

Date Filed

6-17-43

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup> embalmed by me, or by.....

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

working under my personal supervision.

Signed.....

*M. J. Phelps*

Licensed Embalmer No.

3231

P. O. Address

*Poplar Bluff 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.**