

Registration District No. 268

Primary Registration District No. 5906

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Deming
(b) City or town Rural Little River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wardell mo 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deming
(c) City or town Rural 78
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Victoria Sims

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

4. Sex Female 5. Color or race Col 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 1 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business home

12. Name Ed Martin

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

14. Maiden name unknown

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

16. (a) Informant James Williams

(b) Address Wardell, mo

17. (a) burial (b) Date thereof 4 26 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardell, mo

18. (a) Signature of funeral director J. J. Smith

(b) Address Wardell, mo

19. (a) 4 26 43 (b) J. J. Cressy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from 4-25
1943 to 4-25, 1943
that I last saw him alive on 4-25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure Duration _____

Due to _____

Due to _____

Other conditions: senility
(Include pregnancy within 3 months of death)

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 ayllie (M. D. or other) _____

Address Wardell, mo Date signed 4-26-43

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

MOTHER FATHER

6-43-215

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.