

X22385

ED NOV 15 1943 74  
Registration District No. ....

Primary Registration District No. 4407

Registrar's No. 317

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town La Monte  
(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 1  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis  
(c) City or town La Monte Mo.  
(d) Street No.  
(e) Citizen of foreign country? no  
If yes, name country

3. (a) PRINT FULL NAME Julia Sims

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Danial R Sims 6. (c) Age of husband or wife if alive 82 years  
7. Birth date of deceased April 15 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	5	25	hr. min.

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

10. Usual occupation

11. Industry or business

12. Name John Rynn  
13. Birthplace Mo. (City, town, or county) (State or foreign country)  
14. Maiden name DON'T KNOW  
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant D.W. Sims  
(b) Address La Monte Mo.

17. (a) Burial (b) Date thereof 10-13-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hughesville Mo.

18. (a) Signature of funeral director R.F. Parker  
(b) Address La Monte Mo.  
19. (a) 10-11-43 (b) Mrs Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10 year 1943 hour 12 minute 1 A.M.

21. I hereby certify that I attended the deceased from Oct 4 1943 to Oct 10 1943 that I last saw her alive on Oct 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death

Apoplexy 6 days

Other conditions (Include pregnancy within 3 months of death) g30!

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 W.E. Walker (M.D. or other M.D.)  
Address La Monte Mo Date signed 10-11-43

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

MOTHER FATHER

1722

10-11-43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-2-43

**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..... *B. F. Parker* .....

Licensed Embalmer No. *1592*

P. O. Address *La Monte Va*

**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.**