

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39387

State File No. _____

FILED DEC 3 1943

Registration District No. 2008

Primary Registration District No. 6225

Registrar's No. 165

1. PLACE OF DEATH:

(a) County Vernon
(b) City, or town Nevada (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3
(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 mo 9 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 309 Garfield Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JESSE - SIMS

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married. Divorced
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if deceased deceased or alive unknown years
7. Birth date of deceased Dec 14 1862 (Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business none

12. Name William Denis
13. Birthplace unknown Indiana (City, town, or county) (State or foreign country)
14. Maiden name Melissa Burdett
15. Birthplace unknown Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp No 3
(b) Address Nevada Mo

17. (a) Removed (b) Date thereof 11-23-43 (Month) (Day) (Year)
(c) Place: burial or other Marshall Miss

18. (a) Signature of funeral director Henry J. ...
(b) Address Nevada Mo

19. (a) 11-24-43 (Date received by local registrar) (b) Edw. B. Bewick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year 1943 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 14 1943 to Nov 23 1943 that I last saw him alive on Nov 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration _____

Due to 93d
Due to _____

Other conditions Arteriosclerotic Heart Dis
(Include pregnancy within 3 months of death) Hypertension, Senility Blind

Major findings: no Of operations _____ Of autopsy none 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) No
(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 Paul L. Barone (M. D. or other) Address State Hosp No 3 Date signed Nov

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

MOTHER FATHER

1331

(Licensed Embalmer's Statement on Reverse Side)

Nevada Mo

23/43

RECEIVED

District Health Officer No. 7,

District File Number 11-43-1305

Date Filed 12-6-43

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 Me

Registered Apprentice No. _____

working under my personal supervision.

Signed L. D. Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1000
Registrar's No. 165

Registration District No. 360

Primary Registration District No. 6225

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

1. PLACE OF DEATH:

(a) County Deming
(b) City or town Rural Washington Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether

In this community..... years, months or days)

3. (a) PRINT FULL NAME Jesse Simis

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.....

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

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days..... If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a)..... (b) Ray B. Benick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec year 1943 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....; that I last saw him..... alive on..... 19.....; and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

S-38387