S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1944
Registration District No. 3128

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7228
Primary Registration District No. 2000
Registrar's No. 128

1. PLACE OF DEATH.
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 hrs. (Specify whether years, months or days)
In this community 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Rural Route #4 (If outside city or town limits, write "RURAL")
(d) Street No. 3 miles west of Springfield (If rural, give location) Public Square.
(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME Lester Joseph Sims
3. (b) If veteran, name war Unk.
3. (c) Social Security No. Unk.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian Wilhoit Sims
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased November 23, 1904 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
39	2	13	hr. min.

9. Birthplace Greene Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Machinist
11. Industry or business Frisco Railroad
FATHER
12. Name Harry Edward Sims
13. Birthplace Unk. (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Lilla Rosetta Britain
15. Birthplace Greene Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mr. Harry E Sims (Father)
(b) Address West Plains, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/44 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery
18. (a) Signature of funeral director Alma Lemmon & Home
(b) Address Springfield, Mo.
19. (a) 2-8-44 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day Sixth. year 1944 hour 2:10 P minute P M.
21. I hereby certify that I attended the deceased from Nov. 1, 1943 to Feb 6, 1944 that I last saw him alive on Feb 6, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Lung	
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? (Specify type of place) While at work? (e) Means of injury
23. Signature W A Dehlee (M. D. or other)
Address Sprd., Mo. Date signed 2/7/44

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1961

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 Lewis G Schaefer

Licensed Embalmer No. 3802

P. O. Address Springfield 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.