

FILED MAR 23 1944
Registered District No. 204

Primary Registration District No. 4315

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Macoupin

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

(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 7 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas Taylor Sims

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex M Color or race W

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

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

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Dec 26-1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 7 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Alfred Sims

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

14. Maiden name Rachel Malby

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

16. (a) Informant Harvey W. Wilson

(b) Address Ladelle Mo

17. (a) Burial (b) Date thereof Feb 5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladelle

18. (a) Signature of funeral director J. H. Schriener

(b) Address Ladelle Mo

19. (a) Feb 4-44 (b) Thina Rouch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macoupin

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 year 1944 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 3, 1944, to Feb 3, 1944
that I last saw him alive on Feb 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis Agitans Duration 5 years

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 C. H. Buckner (M. D. or other) _____

Address Ladelle Mo Date signed 7/4/44

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.