

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11190

State File No.

FILED MAR 27 1944

Registration District No. 2044

Primary Registration District No. 5570

Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Sibley Jackson Twp
(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 _____ (Specify whether)
In this community 1 yr 2 mos
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Sibley
(If outside city or town limits, write "RURAL")
(d) Street No. in town
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAMES Maggie May Simms
(b) If veteran, name war _____ No. _____
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 14
year 1944 hour 11 minute 00 A/M P.
21. I hereby certify that I attended the deceased from Dec
19 43 to Jan 14 19 44
that I last saw her alive on Jan 13 19 44
and that death occurred on the date and hour stated above.

4. Sex F
5. Color or race wh
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Wm. Ernest Simms
(c) Age of husband or wife if alive 53 years

Immediate cause of death Myocardial degeneration
Hypostatic pneumonia
Due to Myocardial degeneration.

8. AGE: Years 49 Months 1 Days 30
If less than one day _____ hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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

Major findings: 928
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife
11. Industry or business her home

MOTHER FATHER { 12. Name Wm. Mitchell
13. Birthplace X Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie Richheart
15. Birthplace X Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant W.E. Simms
(b) Address Sibley Missouri
17. (a) burial (b) Date thereof Jan 16 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sibley Cemetery

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 2
23. Signature S. W. Higgins (Physician) DO _____
Address Buckner Mo Date signed 1-14/44

18. (a) Signature of funeral director V.M. Reppert
(b) Address Buckner Missouri
19. (a) Jan 15 1944 (b) V.M. Reppert
(Date received local signature) (Registrar's signature)

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

8
0
0

48
9
3

MOTHER FATHER

1161

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~~ *Personally*

[Signature]
working under my personal supervision.

Registered Apprentice No. *0*

Signed *[Signature]*

Licensed Embalmer No. *2871*

P. O. Address *Buckner 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.