

FILED APR 20 1944

Registration District No. 14

Primary Registration District No. 2007

1. PLACE OF DEATH:

(a) County BUTLER  
(b) City or town POPLAR BLUFF  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
A  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 25 YEARS (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME GLOVIE INA SIMS

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife J.H. SIMS 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased OCT 26 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 4 22 hr. min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) KY 1

10. Usual occupation HOUSE WIFE

11. Industry or business \_\_\_\_\_

12. Name MILES LAMB

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) KY 1

14. Maiden name UNKNOWN

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) KY 1

16. (a) Informant J.H. Sims  
(b) Address Poplar Bluff Mo

17. (a) BURIAL (b) Date thereof MAR 20 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KINZIE CEM.

18. (a) Signature of funeral director J.P. Phelps  
(b) Address Poplar Bluff Mo

19. (a) 3/21/44 (b) Belle Henne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 18  
year 1944 hour 9 minute 50 A M

21. I hereby certify that I attended the deceased from Feb 20th  
to March 18 1944  
that I last saw her alive on Feb 19 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic & Gastric Cancer

Duration Several months

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) (c) Means of injury \_\_\_\_\_

23. Signature J.S. Schorer (M. D. or other)

Address Garing Ark Date signed 3-19-44

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 44-639

Date Filed 4-12-44

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**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: *N. T. Phelps*

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff, 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.**