

FILED MAY 12 1944

Registration District No. 108

Primary Registration District No. 5423

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Arbyrd, Rte. # 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Della Mae 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, widowed

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

7. Birth date of deceased September 14 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 4 14 hr. min.

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

10. Usual occupation Housewife of Farmer

MOTHER FATHER {

11. Industry or business
12. Name Jimmie Virgin

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

14. Maiden name Sarah Prince
15. Birthplace Henry, Co. Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant E.H. Barnett

(b) Address Rte. # 1 Arbyrd Missouri

17. (a) Burial (b) Date thereof 1-30-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woods Chapel Cemetery

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

19. (a) 4-27-1944 (b) D.O. Ferry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Arbyrd, Route # 1
(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 Jan. day 28th.
year 1944 hour 11-30 minute PA. M.

21. I hereby certify that I attended the deceased from 1940
Jan. 19.40 to Jan. 28-1940 19....
that I last saw her alive on Jan-28-1944 19....
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Spinal Cord- Duration 4-Yrs

Due to Secondary metastatic from Cancer of breast 15 yrs past
Due to at which time breast was removed.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50
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 D.O. Ferry (M. D. or other) 2/2/44
Address Leachville Ark. Date signed

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

RECEIVED

District Health Office No. 2,

District File Number 544-692

Date Filed 5-11-44

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 Richard M. Mitchell

Licensed Embalmer No. 703

P. O. Address Paragon, Ark

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.