

FILED AUG 11 1944

Registration District No. 374

Primary Registration District No. 6276

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Isadora Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (East Union)

(If not in hospital or institution, write street number or location) map

(d) Length of stay: In hospital or institution.....
In this community Entire Life (Specify whether years, months or days)

3. (a) PRINT

FULL NAME Lutlah May Sims

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Levi M Sims 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased January 10 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 5 27 hr. min.

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

10. Usual occupation Housewife11. Industry or business "12. Name Lewis P Runyan13. Birthplace Wellsville Ohio
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Roach15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)16. (a) Informant Harry Sims(b) Address Isadora Missouri17. (a) Burial (b) Date thereof July 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Isadora Cemetery18. (a) Signature of funeral director John Andrew Jett(b) Address Grant City Missouri19. (a) 7-10-44 (b) Arlene Scader
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth
(c) City or town Isadora Mo
(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 7 day 9
year 1944 hour 6 minute 7 P. M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Myocarditis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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 Robert H. Seal (M. D. or other).....Address Grant City Mo Date signed 7-11-44

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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.....

John Andrews Jr. - , Registered Apprentice No.....
working under my personal supervision.

Signed..... *John Andrews Jr.*
.....

Licensed Embalmer No. *4211*

P. O. Address *Grant City, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF VITAL STATISTICS

State of Mo. }
County of Worth } ss.

State File No. 26013

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this _____ day of _____, 194 7, before me appears _____

_____, who, upon _____ oath, states that the original record of ^{birth}~~death~~
for _____ ^{died}~~born~~ July 7, 1944, in the State of
Missouri, and which was filed at _____ on _____, 1944, should be corrected as follows:

Item No. 3a should read Ella Sims

Instead of _____ Lullah May Sims

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

H. C. Sims
Grand City, Mo.

Relationship.

Present Address.

Subscribed and sworn to before me this 13 day of November, 194 4

My Commission expires Dec 31-1944

Harry Kibbe
Robert G. Goble, Worth Co Mo

Notary Public

DEC 22 1944