

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28475

FILED SEP 10 1944

Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Permeo  
(b) City or town Little Prairie, Mo  
(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 10 mo (Specify whether years, months or days)  
In this community 10 mo years, months or days

3. (a) PRINT FULL NAME

Nannie Sims

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Female 5. Color Colored 6. (a) Single, widowed, married married  
divorced divorced  
6. (b) Name of husband or wife Sidney Sims 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Oct 1907 (Month) (Day) (Year)

8. AGE: Years About 69 Months Days If less than one day hr. min.

9. Birthplace Oxford Miss (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Elmer Butler  
13. Birthplace Don't know (City, town, or county) (State or foreign country)  
14. Maiden name Married West  
15. Birthplace Oxford Miss (City, town, or county) (State or foreign country)

16. (a) Informant Helen Permeo  
(b) Address #1 Box 66, Little Prairie, Mo  
17. (a) Removal (b) Date thereof 8-20-44 (Month) (Day) (Year)  
(c) Place: burial or cremation Oxford, Miss

18. (a) Signature of funeral director Therman T. T. T.  
(b) Address St. Louis, Mo  
19. (a) 9-5-1944 (b) Jessie H. Marko (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County La Fayette  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1944 hour 5 minute 00 A M.

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

Immediate cause of death Cerebral Hemorrhage  
Due to

Due to  
Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: Of operations  
Of autopsy  
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 J. E. G. G. (M.D. or other)  
Address Little Prairie, Mo Date signed 8-22-44

1206 (Licensed Embalmer's Statement on Reverse Side)

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

8-44-194

**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.....  
.....  
working under my personal supervision.

Signed *John H. German*  
Registered Apprentice No. ....  
Licensed Embalmer No. *4355*  
P. O. Address *Steele, 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.**