

FILED DEC 8 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4049

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Centralia  
(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 year years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Boone  
(c) City or town Centralia  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME VELLIE VIRGINIA SIMS

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

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

6. (b) Name of husband or wife Mr. J. Sims  
6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased: Nov (Month) 13 (Day) 1862 (Year)

8. AGE: Years 82 Months 8 Days 13 If less than one day \_\_\_\_\_ min.

9. Birthplace Saugeman Co. Mo. (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

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

12. Name John Oak Van Curen, M.D.

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

14. Maiden name Elizabeth

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

16. (a) Informant W. J. Sims

(b) Address Centralia Mo

17. (a) Burial (b) Date thereof Nov. 28, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Mo

18. (a) Signature of funeral director W. J. Sims

(b) Address Centralia Mo  
19. (a) 1127-1944 (b) Chas. Wright  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26  
year 1944 hour 6:00 minute 00 M.  
21. I hereby certify that I attended the deceased from 1938  
\_\_\_\_\_, 19\_\_\_\_, to Nov. 26, 1944  
that I last saw her alive on Nov. 25, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to \_\_\_\_\_  
Due to 93d  
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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature W. J. Sims (If Dr. or other)  
Address Centralia Mo Date signed 11/29/44

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

JAN 2 1948

APR 20 1948

RECEIVED  
District Health Officer No. 9;  
District File Number \_\_\_\_\_  
Date Filed 12-7-44

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 *Wm. H. ...*  
Licensed Embalmer No. 4313  
P. O. Address *Centerville 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.