

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED DEC 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38327

Registrar's No. 246

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Leaning Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community years, months or days)

3. (a) PRINT  
FULL NAME

Opal 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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive years

7. Birth date of deceased

July 7, 1900  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

44 3 10 hr. min.

9. Birthplace

Pease  
(City, town, or county)

Ill  
(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name

John Capp

13. Birthplace

Ill  
(City, town, or county)

Ill  
(State or foreign country)

14. Maiden name

Lane Hamner

15. Birthplace

Ill  
(City, town, or county)

Ill  
(State or foreign country)

16. (a) Informant

Mr. Clifford Sims

(b) Address

Rockport Ill

17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof

10-1-1944  
(Month) (Day) (Year)

(c) Place: burial or cremation

Rockport Ill

18. (a) Signature of funeral director

James Odomes

(b) Address

Hannibal Mo

19. (a) Nov 9-1944

(Date received local registrar)

(b)

R. H. Connor  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Peoria 9799  
(c) City or town Rockport 11  
(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 Oct day 17  
year 1944 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 1, 1944 to Oct 17, 1944  
that I last saw him alive on Oct 17, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac embolism

Duration

Due to

Due to

Other conditions Rupture of G.B. epistoma  
(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:

(c) 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. H. Paulson (M. D. or other)

Address

1001 Polk Avenue

Date signed 11-8-44

1146

(Licensed Embalmer's Statement on Reverse Side)

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

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

*Michael J. Donnell*

Licensed Embalmer No.

3246

P. O. Address

*Hannibal*

**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.**