

No. 2
 8-43
 5-17-39
 I X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39006

State File No.

FILED DEC 7 1944
 Registration District No. 3728

Primary Registration District No. 4518

Registrar's No. 36

1. PLACE OF DEATH:
 (a) County Sullivan
 (b) City or town Osgood
 (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 1/2
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State mo (b) County Sullivan
 (c) City or town Osgood 105
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ 0
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME DUDLEY BROWN HAY SIMS
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife Julia Sims
 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased July 29 1864
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 3 28 hr. _____ min.

9. Birthplace Adair Co. mo Il
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER, FATHER {
 12. Name Bennley Sims
 13. Birthplace Tenn. 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Martin
 15. Birthplace Ky 1
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Brounaw Sims
 (b) Address Osgood mo

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

(c) Place: burial or cremation Union Grav Cem.

18. (a) Signature of funeral director D R Payne
 (b) Address Galt mo

19. (a) Nov. 30 1944 (b) Greta Caldwell
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
 year 1944 hour 6 minute 25 P.M.
 21. I hereby certify that I attended the deceased from Oct. 25
 1944 to Nov. 26 1944
 that I last saw him alive on Nov. 17 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 mo
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

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?

(Specify type of place)
 While at work? _____ (e) Means of injury 2
 23. Signature Trilora (M. D. or other) OC
 Address _____ Date signed 127-44

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

1380

(Licensed Embalmer's Statement on Reverse Side)

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

R. K. Payne Jr

Licensed Embalmer No.

3400

P. O. Address

Malt

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.