

FILED FEB 9 1945

Registration District No. Primary Registration District No. 5548 Registrar's No. 3

500
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Armstrong (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Praine Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X 1
(Specify whether years, months or days)

In this community 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45

(c) City or town Armstrong (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. X
(If rural, give location)

(e) If foreign born, how long in U. S. A. X 0 years.

3. (a) PRINT FULL NAME Alexander Sims

8. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28th
year 1945 hour 5 minute 30 A.M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced YES

6. (b) Name of husband or wife Ide Mae Sims

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

7. Birth date of deceased February 6, 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 to Jan 28, 1945
that I last saw him alive on Jan 1, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 11 Days 22
If less than one day hr. min.

Immediate cause of death Cerebral Hemorrhage 9/1/42

9. Birthplace Paris Illinois
(City, town, or county) (State or foreign country)

Due to Cerebral Hemorrhage

10. Usual occupation Farming

Due to _____

Other conditions 1
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name John Austin Sims

{ 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

{ 14. Maiden name Rachel Stewart

{ 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

Major findings: 9/30

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Willie Sims

(b) Address Highway, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Jan. 30, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sharon Cemetery

(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? _____

18. (a) Signature of funeral director Mary Delaker

(b) Address Armstrong, Mo.

19. (a) 1/30/45 (b) W. M. Wilkinson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 0

Signature W. M. Wilkinson (M. D. or other)

Address Armstrong, Mo. Date signed 1/30/45

Office No. 7,
28-40

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 Mary Oldaker
Licensed Embalmer No. 3399
P. O. Address Armstrong, Pa

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, above space should be left blank.