

S. No. 2
M-8-13
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5723

State File No.

FILED MAR 15 1945

Registration District No.

Primary Registration District No. 5761

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural Cedar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 miles N. E. Newbloomfield, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
(Specify whether
In this community 27 years
years, months or days)

3. (a) PRINT FULL NAME Sarah Elizebeth Sims

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ennis Sims
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased 6 25 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 0
If less than one day hr. min.

9. Birthplace Boone Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name William Griffin
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Rusk
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. B. Wilson
(b) Address Newbloomfield, Mo.

17. (a) Burial (b) Date thereof 2/27/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goshen Cemetary

18. (a) Signature of funeral director Ray O. Holt

(b) Address Newbloomfield, Mo.

19. (a) 2-27-1945 (b) Joan Morankoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway Co.
(c) City or town 4 miles N. E. Newbloomfield, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 14
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25
year 1945 hour 4 minute 30 AM

21. I hereby certify that I attended the deceased from Jan 1 1945 to Feb 25 1945
that I last saw him alive on Feb 23 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Voluntary Heart Disease

Due to

Due to

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

Major findings:
Of operations 92

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:

(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 _____

23. Signature J. M. P. Rusk (M. D. or other) 0
Address Newbloomfield, Mo. Date signed 2/26/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3-14-45

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 _____

LeRoy Claypool

Registered Apprentice No. **374**

working under my personal supervision.

Signed _____

Roy A. Holt

Licensed Embalmer No. **2605**

P. O. Address **New Bloomfield, 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.