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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6462

FILED MAR 7 1945
Registration District No. ____ Primary Registration District No. 5601 Registrar's No. 19

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

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Rural Warrensburg Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rfd.1 Warrensburg
(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 20 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town RFD.1 Warrensburg Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RFD.1 Warrensburg
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Elizabeth 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 Widowed
6. (b) Name of husband or wife W.R. Sims
6. (c) Age of husband or wife if alive Deceased yrs
7. Birth date of deceased July (Month) 20 (Day) 1860 (Year)

8. AGE: Years 84 | Months 6 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Rogers Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business Home

MOTHER FATHER
12. Name John Sharp
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Elvira Hutchinson
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Grover Sims
(b) Address Warrensburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Kindrey Cem.
18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg, Mo.
19. (a) Feb 16, 1945 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1945 hour 10 minute P M.
21. I hereby certify that I attended the deceased from 1-12, 1944, to 2-15, 1945
that I last saw her alive on 2-15, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 hr
Due to:	
Due to:	
Other conditions (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:
(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 R. Liebler (M. D. or other)
Address Warrensburg Mo. Date signed 2-16-45

(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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.