

FILED JUL 31 1945

Registration District No. 23

Primary Registration District No. 4036

Registrar's No. 132

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rich Hill Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
no 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. ✓  
(Specify whether)

In this community 20 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Bates 7

(c) City or town Rich Hill, Mo. 7  
(If outside city or town limits, write "RURAL")

(d) Street No. 5th & Vine St. 0  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JESS AUSTIN SIMS

3. (b) If veteran name war no

3. (c) Social Security yes  
No. 496-01-672

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1945 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 7 1945 to July 10 1945  
that I last saw h. AM alive on July 9 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke

Due to Angina

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Stroke

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 147

Physician all

Underline the cause to which death should be charged statistically.

4. Sex Male race W

5. Color or \_\_\_\_\_

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

6. (b) Name of husband or wife deceased

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

7. Birth date of deceased Nov 18 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 7 22 hr. min.

9. Birthplace Jamez County, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John David Sims

13. Birthplace Mo Ky - 1  
(City, town, or county) (State or foreign country)

14. Maiden name Ann Mae

15. Birthplace Mo Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Daughter, Betty Sims

(b) Address 5th & Vine Sts

17. (a) Burial (b) Date thereof 7-15-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeWitt Cem - Bates, Mo.

18. (a) Signature of funeral director Books

(b) Address Rich Hill, Missouri

19. (a) July 13, 1945 (b) Ms. Edna Douglas  
(Date received by local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Edna Douglas (M. D. \_\_\_\_\_)  
Address \_\_\_\_\_ Date signed July 10, 1945

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

MOTHER FATHER

**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.....

*John D. Underwood*

Licensed Embalmer No. ....

*3585*

P. O. Address.....

*Butte 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.**