

FILED AUG 22 1945

Registration District No.

Primary Registration District No. 52-6-8-5 310

Registrar's No. 75

1. PLACE OF DEATH:

(a) County COOPER  
(b) City or town LAMINE TOWNSHIP (RURAL)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
HIGHWAY 41  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community 65 YEARS  
years, months or days

3. (a) PRINT FULL NAME JOSEPH EDWARD SIMS

3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Birth date of deceased MARCH 28, 1867  
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 13  
If less than one day hr. min.

9. Birthplace HOWARD COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name JOHN JOSEPH SIMS

13. Birthplace HOWARD COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name MARY OVERSTREET

15. Birthplace HOWARD COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant C. J. SIMS

(b) Address BLACKWATER, MISSOURI

17. (a) BURIAL (b) Date thereof JULY 13 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD LAMINE CEMETERY

18. (a) Signature of funeral director STEGNER KOENIG

(b) Address BOONVILLE, MO.

19. (a) July 16-45 (b) Dr. Chas. Swep  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER  
(c) City or town LAMINE TOWNSHIP "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. HIGHWAY 41  
(If rural, give location)  
(e) Citizen of foreign country? NO  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 11th  
year 1945 hour 6:30 minute a.m.

21. I hereby certify that I attended the deceased from  
Apr 27 1944 to July 11 1945  
that I last saw him alive on July 11  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cancer of Rectum  
Duration 2 yrs

Due to

Due to

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

Major findings Of operations none  
Of autopsy none

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature J. C. Beckett M.D.  
Address Boonville, Mo. Date signed 7-12-45

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 8-1-41

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 \_\_\_\_\_

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.