No. 2
1—2-43
5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30275

FILED OCT 9 1945

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 291

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

4
1
2

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:
810 Grand /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 Years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Fulton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 810 Grand 2
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary E. Sims

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Lester W. Sims

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

7. Birth date of deceased Jan. 2nd 1883 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	8	15	hr. min.

9. Birthplace Ephrata (City, town, or county) Penn. / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Franklin Good
13. Birthplace (City, town, or county) Penn. / (State or foreign country)

MOTHER
14. Maiden name Clara Eichelberger
15. Birthplace (City, town, or county) Penn / (State or foreign country)

16. (a) Informant Mrs. Jess Thomas
(b) Address Fulton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18, 45 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Wallace Funeral home
(b) Address Fulton, Missouri

19. (a) 9-19-1945 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

1N47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1945 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2/10, 1943, to 9/17, 1945
that I last saw her alive on 9/16, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
chr. myocarditis due to arteriosclerosis with hypertension	years
Due to	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

93d

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 Henry Dinst (M. D. or other) M.D.
Address Fulton Mo. Date signed 9/18/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 10-8-45

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.