. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34823

State File No.

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 27

1. PLACE OF DEATH:
(a) County: St Scott Co
(b) City or town: Sikeston Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community years, months or days)

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

3. (a) PRINT FULL NAME James Vester Sims
3. (b) If veteran, name war
3. (c) Social Security No. 498-24-2435
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 Aug (Month) 16 (Day) 1926 (Year)
8. AGE: Years 19 Months 1 Days 26 If less than one day hr. min.
9. Birthplace Marston (City, town, or county) Mo (State or foreign country)
10. Usual occupation Oiler on Steamboat
11. Industry or business Globe Oil Burge Co
MOTHER FATHER
12. Name Jacob Vester Sims
13. Birthplace Tipton (City, town, or county) Tenn (State or foreign country)
14. Maiden name Mark E. Clark
15. Birthplace Saint Elizabeth (City, town, or country) Mo (State or foreign country)
16. (a) Informant Jacob Vester Sims
(b) Address Marston Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Maunk Park
18. (a) Signature of funeral director W. H. Toby
(b) Address Rector Ark
19. (a) 10-31-45 (Date received local registrar) (b) Mrs F Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12-1945 year hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from 10/12, 1945, to 19 that I last saw him alive on 10/12, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	
Due to acute alcoholism	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy NO	

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 B Jullenstein (M. D. or other) MD
Address New Madrid Mo Date signed 10-18-45

1494 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1145-3191
Date Filed 11-3-45

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 John R. Casner
Licensed Embalmer No. 2912
P. O. Address Rector Ark

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.