

FILED DEC 7 1945  
Registration District No. 21 3

Primary Registration District No. 6154

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Essex, Mo. R. 1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Richland Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 years  
(Specify whether years, months or days)  
In this community 21 years

3. (a) PRINT FULL NAME

Roebert Sims

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Cora Lee Sims 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased April 30 1876  
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 18 If less than one day hr. min.

9. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Turner Sims  
13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Cora Lee Sims  
(b) Address Essex, Mo R. 2

17. (a) Burial (b) Date thereof Nov. 20, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Mo

18. (a) Signature of funeral director Watkins Fun Home

(b) Address Dexter Mo.

19. (a) Dec 3, 45 (b) Nora Sims  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103  
(c) City or town Essex, Mo. R. 2 Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 17 year 1945 hour 11:20 minute 45 AM.

21. I hereby certify that I attended the deceased from Nov-3-45 to Nov-17-45  
that I last saw him alive on Nov 17  
and that death occurred on the date and hour stated above.  
Immediate cause of death Diabetes Mellitus

Due to Diabetes Mellitus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Undecline 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) (e) Means of injury

23. Signature J. P. Craven (M. D. or other)

Address Essex, Mo Date signed 11-19-45

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

RECEIVED

District Health Office No. 2

District File Number 1245-33

Date Filed 12-3-45

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

*Lynna Steele*

Licensed Embalmer No.

2746

P. O. Address

*Wester, 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.