

FILED APR 11 1946

Registration District No. _____

Primary Registration District No. 5818

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Moreau Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 Lifetime
years, months or days

3. (a) PRINT FULL NAME Jessie Lillian Sims

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W / 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife T. J. Sims 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased April 23 1874
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Morgan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Zacary T. Clifton
13. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Kavanaugh
15. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lee T. Sims
(b) Address Versailles, Missouri

17. (a) Burial (b) Date thereof 3 12 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freedom Cemetery

18. (a) Signature of funeral director J. H. Stevenson
(b) Address Stover, Missouri

19. (a) 3-11-46 (b) J. H. Stevenson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Moreau Township
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 830

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 Motor car
23. Signature B. L. Medium (M. D. or other)
Address Versailles Mo. 3 Date signed 3/11/46

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

9121

AUG 12 1948

APR 18 1948

3-46-347
4-10-46

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

J. L. Stevenson
Licensed Embalmer No. *4073*

P. O. Address *Stover 2nd*

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.