

**FILED** APR 27 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. **6093**

Registrar's No. **64**

1. PLACE OF DEATH

(a) County **Saline**  
(b) City or town **Marshall, Route # 1.**  
(c) Name of hospital or institution: **/**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **All his life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline 97**  
(c) City or town **Marshall, Route # 1.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William Roy Sims**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Clara Bess Sims** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **January 4th, 1895**  
(Month) (Day) (Year)

8. AGE: Years **51** Months **2** Days **25** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Saline county Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **/**

MOTHER FATHER { 12. Name **John Mathew Sims**  
13. Birthplace **Boone county, Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ella C. White**  
15. Birthplace **Tenn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Roy Sims**  
(b) Address **Marshall, Mo. Route # 1.**

17. (a) **Burial** (b) Date thereof **March 31, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazel Grove cemetery**

18. (a) Signature of funeral director **Campbell**  
(b) Address **Marshall, Missouri**

19. (a) **4-5-46** (b) **M. O. Westbrook**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29<sup>th</sup>**  
year **1946** hour **7** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Feb 4**  
1946, to **Mar 29** 1946

that I last saw him alive on **Mar 19** 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Pancreas**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **469**

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature **E. C. King** (M. D. or other) **MD**  
Address **Marshall Mo** Date signed **4/2-46**

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

10897

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 4-12-46

APR 18 1946

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 *R. W. Campbell Jr.*  
Licensed Embalmer No. *3469*  
P. O. Address *Marshall*

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.