

FILED SEP 6 1946

Registration District No. 54

Primary Registration District No. 4045

State File No. _____

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Ashtland
(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 Life years, months or days

3. (a) PRINT FULL NAME

John Turner Sims

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Rebecca Sims 6. (c) Age of husband or wife if alive 10 years
7. Birth date of deceased March (Month) (Day) (Year)

8. AGE: Years 16 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation Former Retired

11. Industry or business

12. Name John Sims
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Sarah Conley
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Truman Sims
(b) Address Ashtland, Mo.
17. (a) Buried (b) Date thereof 8-30-1946 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gisher Cem.

18. (a) Signature of funeral director W. L. Burnett
(b) Address Ashtland, Mo.
19. (a) 8-30-46 (b) Mrs. Mildred Burnett (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Ashtland 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 28 year 1946 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 1 1946 to Aug 28 1946 that I last saw him alive on Aug 28 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 468 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 H. B. Fryer (M. D. or other) _____
Address Ashtland Mo Date signed 8-30-46

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

RECEIVED
District Health Officer No. 8,
District File Number 97-4-6
Date Filed 97-4-6

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 W^m C. Burnett

Licensed Embalmer No. 3567

P. O. Address Ashtland, 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.