

32495

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 23 1946

State File No. _____

Registration District No. 362

Primary Registration District No. 6234

Registrar's No. 67

1. PLACE OF DEATH:

(a) County St. Charles Warren Co.
(b) City or town Wright City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Route 2 Wright City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Abt. 15 yrs
years, months or days

3. (a) PRINT-FULL NAME

Lucille Sims

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Parks Sims

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased 4 (Month) 1 (Day) 1902 (Year)

8. AGE: Years 44 Months 5 Days 17 If less than one day, hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Benjamin Jackson

13. Birthplace Nashville Tenn (City, town, or county) (State or foreign country)

14. Maiden name Janie Unknown

15. Birthplace Nashville Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Parks Sims
(b) Address Route 2 Box C 38

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

(c) Place: burial or cremation Wright City

18. (a) Signature of funeral director Bernice Lane
(b) Address 3102 Washington Ave

19. (a) 9-21-46 (b) Mrs. Fred Morrey (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Warren
(c) City or town Wright City
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2 Box C 38
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 18
year 1946 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept. 13 1946 to Sept. 18 1946
that I last saw her alive on Sept. 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Duration 6 days

Due to _____
Due to _____

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

Major findings: ✓
Of operations ✓
Of autopsy ✓
83A
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 0

23. Signature John A. Dyer (M. D. or other)
Address Warrenton, Mo. Date signed 9-20-46

370

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number 7-46-120
Date Filed

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

Lee H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

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.