

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40043

FILED DEC 24 1946

Registration District No. 8

Primary Registration District No. 3017

State File No. 146

Registrar's No. 146

1. PLACE OF DEATH:
(a) County **COOPER**
(b) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **ST. JOSEPH'S HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 HOURS**
(Specify whether years, months or days)
In this community **4 HOURS**

3. (a) PRINT FULL NAME **MRS L. FRANCIS SIMS**
3. (b) If veteran, name war **NONE**
3. (c) Social Security No. **NONE**

4. Sex **FEMALE** / 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **JOSEPH SIMS**
6. (c) Age of husband or wife if alive **1864** years
7. Birth date of deceased **MAY # 3**
(Month) (Day) (Year)

8. AGE: Years **82** Months **7** Days **9**
If less than one day hr. min.

9. Birthplace **McBAINE** **MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **HOME**

12. Name **UNKNOWN**

13. Birthplace **UNKNOWN** **MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN** **MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS R.B. MIZE**

(b) Address **BUNCETON, MO.**

17. (a) **BURIAL** (b) Date thereof **12/16/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ROCHEPORT, MO.**

18. (a) Signature of funeral director **STEGNER**

(b) Address **BOONVILLE, MO.**

19. (a) **12-13-46** (b) **Stegner**
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **HOWARD**
(c) City or town **FRANKLIN**
(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 **DECEMBER** day **12th**
year **1946** hour **5:20** minute **a.m.**

21. I hereby certify that I attended the deceased from **Dec 11** 19**46** to **Dec 12** 19**46**
that I last saw him alive on **Dec 12** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Skull fracture** **7 hours**
Due to **Accidental injury -**
Fell while trying to get
Due to **out of bed in her home**

Other conditions **Cerebral apoplexy about 1 year previously**
(Include pregnancy within 3 months of death)
Major findings: **NO operation**
Of operations **X-ray shows fracture frontals**
Of autopsy **bones**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **12-11-46**
(c) Where did injury occur? **Franklin Howard** **MO**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in her home

While at work? **NO** (Specify type of place)
(c) Means of injury **fell on floor**

23. Signature **W.E. Stone** (M. D. or other) **K.O.**
Address **Boonville MO** Date signed **Dec 13 1946**

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-21-46

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 5780

P. O. Address Providence

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.