

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

FILED DEC 24 1946  
128

Registration District No. \_\_\_\_\_  
Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield, MO.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
City Hospital 6  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 30 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Harold C. 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 married

6. (b) Name of husband or wife Mary S. Sims 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 29 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	2	26	hr. _____ min.

9. Birthplace Kearney Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

12. Name William Bryan

13. Birthplace Unknown Iowa /  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Winters

15. Birthplace Unknown Iowa /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary S. Sims

(b) Address 419 W. High

17. (a) Burial (b) Date thereof Nov 29 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address 629 W. Walnut

19. (a) 12/2/46 (b) W. E. Hensley WD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield  
(If outside city or town limits, write "RURAL")

(d) Street No. 419 W. High  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28  
year 1946 hour 4:00 minute 17 M.

21. I hereby certify that I attended the deceased from Sept 12, 1946, to Mar 27, 1946  
that I last saw him alive on Mar 27, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Aneurysm

Due to Malignant hypertension

Due to Chronic Myocarditis

Other conditions Permanous Aneurysm  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations 9/20

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

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? 1

While at work? \_\_\_\_\_ (Specify type of place)

(b) Means of injury \_\_\_\_\_

23. Signature Blaise Blubbatt (M. D. \_\_\_\_\_)  
Address 219 1/2 E. Walnut Date signed 11/28/46

**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 W. D. McCann

Licensed Embalmer No. 2927

P. O. Address Springfield, 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.**