S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12092

Registration District No. 333 — Primary Registration District No. 3074 — Registrar's No. 7

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Sikeston (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 100 West gate — Home — Sunset Add. (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: 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Scott
(c) City or town: Sikeston, (If outside city or town limits, write "RURAL")
(d) Street No.: 100 West gate (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Sallie Seals
3. (b) If veteran, name war: ____
3. (c) Social Security No.: ____
4. Sex: Female
5. Color or race: C
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: ____
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: October (Month) 3 (Day) 1887 (Year)

8. AGE: Years 60 Months 5 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace: Miss (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife - Midwife
11. Industry or business: —
12. Name (Father): Jim Sims
13. Birthplace (Father): Virginia (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Unknown
15. Birthplace (Mother): Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Lenord White
(b) Address: R. 1 # 278 Tuler, Ark.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Burial - Sunset Cemetery
18. (c) Signature of funeral director: Fred J. Smith
(b) Address: 1212 Maud St. Sikeston, Mo.
19. (a) 3-19-47 (Date received local registrar) (b) Mrs J. T. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17 year 1947 hour 4 minute ____ A.M.
21. I hereby certify that I attended the deceased from 2-20-1947 to 3-13-1947 that I last saw her alive on 3-13-1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Heart Disease & Left Hemiplegia	4 mons. (History)
Due to:	
Due to: Chronic Nephritis	8 mons (Hist.)
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: W. A. Hungal (M. D. or other)
Address: 204 S. Locust St. Charleston, Mo. Date signed: 3-18-47

303 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
342-406
3-22-47

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 Fred J Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.