

No. 2
2-45
17-39
X47070

BUREAU OF THE CENSUS
FILED MAY 14 1947

Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **180**

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

1. PLACE OF DEATH:

(a) County **Dunklin**
(b) City or town **Kennett Mo.**
(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 **10 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Dunklin 35**
(c) City or town **Kennett Mo. 2**
(If outside city or town limits, write "RURAL")
(d) Street No. **800 N. Main St. 2**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Floyd B.T. Sims**

3. (b) If veteran, name war **World War 2** 3. (c) Social Security No. _____

4. Sex **Male 2** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Divorced 3**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 4th 1917**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	30	1	29	hr. min.

9. Birthplace **Unknown** **Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Hospital Attendant**

11. Industry or business _____

MOTHER FATHER { 12. Name **Nesby Sims**

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

14. Maiden name **Lema McIntosh**

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

16. (a) Informant **Rev. Curtis McIntosh**
(b) Address **800 N. Main St. Kennett Mo.**

17. (a) **Burial** (b) Date thereof **5-8-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
Oak Ridge Colored Section

(c) Place: burial or cremation _____
(d) Signature of funeral director **Lenta Service**
(e) Address **Kennett Mo.**

19. (a) **5-6-1947** (b) **Paul Thomas**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3rd**
year **1947** hour **11** minute **30 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Gunshot Wound in the Heart Region with Pistol in the Hands Of Chester Williams.** Duration _____

Due to _____
Due to _____

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

Major findings: Of operations **166**
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) **Homicide**
(b) Date of occurrence **May 3rd, 1947**
(c) Where did injury occur? **Kennett Dunklin Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Masons Cafe
(Specify type of place)

While at work? _____ (e) Means of injury _____
23. Signature **Patricia A. Hawkin** **CORONER 3**
Address **Kennett Mo.** Date signed **5-6-47**

MAY 23 1947

NOV 3 1947

RECEIVED

District Health Office No

District File Number 587-2

Date Filed 5-12-47

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 *Walter G. Hawkins*

Licensed Embalmer No. 2002

P. O. Address *Kennett 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.