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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 23 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**13930**

State File No. \_\_\_\_\_  
Registrar's No. 22

Registration District No. 160 Primary Registration District No. 4250

**1. PLACE OF DEATH:**  
(a) County JEFFERSON  
(b) City or town PEVELY MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** CARRIE JANE SIMS  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife C.S. SIMS 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased OCT. 1 1883  
(Month) (Day) (Year)

**8. AGE:** Years 63 Months 5 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** PLATTIN, MO. (City, town, or county) (State or foreign country)

**10. Usual occupation** HOUSE WIFE.

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

**12. Name** GEORGE I. THOMPSON  
**13. Birthplace** PLATTIN, MO. (City, town, or county) (State or foreign country)

**14. Maiden name** MARY JANE MCCLAIN  
**15. Birthplace** PLATTIN, MO. (City, town, or county) (State or foreign country)

**16. (a) Informant** C.S. SIMS  
**(b) Address** PEVELY, MO.

**17. (a) BURIAL** (b) Date thereof 3-16-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** PEVELY CEMETERY

**18. (a) Signature of funeral director** FINK FUNERAL PARLORS  
**(b) Address** FESTUS, MO.

**19. (a)** March 24 1947 (Date received local registrar) **(b)** (Signed Brown) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State MISSOURI (b) County JEFFERSON 50  
(c) City or town PEVELY (If outside city or town limits, write "RURAL") d  
(d) Street No. \_\_\_\_\_ (If rural, give location) 3  
(e) Citizen of foreign country? NO (Yes or No) 3  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 3 day 14 year 1947 hour 7 minute 30 A.M.  
**21. I hereby certify that I attended the deceased from** 3/15/47 to 3/14/47, 19\_\_\_\_, to 3/13/47, 19\_\_\_\_; that I last saw h. c.v. alive on 3/13/47, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Coronary Thrombosis 1 1/2 hrs  
Due to arterio sclerosis + Myocarditis 1 year  
Due to Bronchial pneumonia days

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: - None of operations None of autopsy None  
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 \_\_\_\_\_

**23. Signature** (Signed Brown) (M.D. or other) (Signed Brown)  
Address Pevely, Mo. Date signed 3/17/47

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

**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

*Eleanora Province*

Licensed Embalmer No.

*3403*

P. O. Address

*Dexter 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.**