

FILED OCT 7 1947

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:
 (a) County **Callaway**
 (b) City or town **Fulton**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1211 Westminster
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Five weeks**
(Specify whether years, months or days)
 In this community

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Callaway** 14
 (c) City or town **Fulton** 1
(If outside city or town limits, write "RURAL") 2
 (d) Street No. **1211 Westminster**
(If rural, give location) 0
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **ENNIS C. SIMS**
 3. (b) If veteran, name war
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Sept** day **26**
 year **1947** hour **3** minute **0** P. M.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mollie** 6. (c) Age of husband or wife if alive **71 1/2** years
 7. Birth date of deceased: **May 16 1863**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 20 - 1947 to Sept 26 1947**
 that I last saw him **alive on Sept 26 1947**
 and that death occurred on the date and hour stated above.

8. AGE: Years **84** Months **4** Days **10**
 If less than one day hr. min.

Immediate cause of death: **Influenza**
 Due to
 Due to

9. Birthplace: **McBaine, Boone Co Missouri**
(City, town, or county) (State or foreign country)

Other conditions: **2030**
(Include pregnancy within 3 months of death)

10. Usual occupation

11. Industry or business **Farmer**

Major findings: **2030**
 Of operations
 Of autopsy

12. Name **Henderson Sims**

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

14. Maiden name **Boone Co. Missouri**
(City, town, or county) (State or foreign country)

15. Birthplace **W. C. Sims**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fulton, Missouri**

(b) Address **Burial** (b) Date thereof **9-28-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Goshen Cemetery**

18. (a) Signature of funeral director **Wallace Lunsford Home**
W. 6th St, Fulton, Missouri

PHYSICIAN
 Underline the cause to which death should be charged statistically.

(b) Address

19. (a) **10-1-1947** (b) **Joan Morant**
(Date received local register) (Registrar's signature)

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) (c) Means of injury

23. Signature **E. Merd** (M. D. or other)
 Address **New Glasgow, Mo** Date signed **10/1/47**

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

RECEIVED
District Health Officer No. 9,
District File Number 10-6-47
Date Filed

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.

Body not embalmed

Signed *Penzil C. Browning*

Licensed Embalmer No. 2724

P. O. Address *Hullton 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.