

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

599

State File No. _____
Registrar's No. 7

Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
year, months or (days)

3. (a) PRINT FULL NAME Mr and Mrs. Jean Lee Sims & infant daughter Chas E. Sims

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: January 6, 1948
(Month) (Day) (Year)

8. AGE:			
Years	Months	Days	If less than one day
			<u>1</u> hr. _____ min.

9. Birthplace: Jefferson City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Charles E. Sims

13. Birthplace Mexico, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Frances Raydell Hoover

15. Birthplace Jefferson City, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Chas E. Sims

(b) Address St. Louis, Missouri

17. (a) Burial (b) Date thereof Jan-7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilder View Cemetery

18. (a) Signature of funeral director W. J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 1-9-48 (b) R. P. Davis MD JR
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 321 Chestnut 4
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 6
year 48 hour 7:00 to 7:30 minute AM

21. I hereby certify that I attended the deceased from 1-6-48 to 1-6-48
that I last saw her alive on 1-6-48
and that death occurred on the date and hour stated above.

Immediate cause of death: Double Monstrosity Congenital

Due to (K. Deane Sims)

Due to jaund at the pelvis

Other conditions: _____
(Include pregnancy within 5 months of death)

Major findings: _____
Of operations: _____

Of autopsy: Two separate individuals

Duration _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. J. Johnson (M. D. or other) M.D.

Address Jefferson City, Mo. Date signed 1/7/48

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

#19-2nd Jan -1-20-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. _____
District File Number _____
Date Filed 1/15/28

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 _____

Not Embalmed
working under my personal supervision.

Registered Apprentice No. _____

Signed Thorp J. Gordon

Licensed Embalmer No. 1786

P. O. Address Jefferson City 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.