

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUN 29 1948

Registration District No. 294

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 20476

Registrar's No. 174

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Woodland 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 \_\_\_\_\_  
years, months or days)

3: (a) PRINT  
FULL NAME

MAY FALLIS 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 Widow

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased May  
(Month) (Day) (Year)

16 1860  
(Day) (Year)

8. AGE: Years 88 Months 1 Days 1  
If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Samuel Fallis

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Hucy Robbins

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Grace Crawford

(b) Address Hartford, Conn

17. (a) Burial (b) Date thereof June 20 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation no

18. (a) Signature of funeral director Moberly

(b) Address Moberly Mo

19. (a) 6-21-48 (b) Seah  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 800 W Reed St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
year 1948 hour 10 minute 45 P.

21. I hereby certify that I attended the deceased from  
April 28, 1948 to June 17, 1948  
that I last saw her alive on June 17, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Uremia, terminal  
arterio-sclerosis, general  
Due to Cardio-vascular renal  
disease  
Due to Fracture, femur, left  
Intertrochanteric

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None  
Of autopsy None  
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) Accident  
(b) Date of occurrence April 27, 1948  
(c) Where did injury occur? Moberly, Randolph Co  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? No (Specify type of place)  
(or) Means of injury Fall

23. Signature Seah (M. D. or other)  
Address Moberly, Mo Date signed June 19 1948

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 20 1948

RECEIVED

District Health Officer No. 10

District File Number 6-48-1128

Date Filed JUN 28 1948

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 Frank B. Hall

Licensed Embalmer No. 3021

P. O. Address Moberly 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.**