

FILED JUL 30 1948

Registration District No. 156

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 23318

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jasper**
 (b) City or town **Joplin, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
927 West First
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 Weeks**
 (Specify whether
 In this community **66 Years**
 years, months or days)

3. (a) PRINT FULL NAME **Jennie Warren 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 **Lee R. Sims** 6. (c) Age of husband or wife if alive **61** years
 7. Birth date of deceased **June 10 1866**
 (Month) (Day) (Year)

8. AGE: Years **82** Months **0** Days **23** If less than one day
 hr. _____ min. _____

9. Birthplace **Pleasant Hill, Mo.** U
 (City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

MOTHER, FATHER { 12. Name **John W. Sigler**
 13. Birthplace **Don't know.** 9
 14. Maiden name **Sarah Denham** (State or foreign country)
 15. Birthplace **Mo.** U
 (City, town, or county) (State or foreign country)

16. (a) Informant **Lee R. Sims**
 (b) Address **927 West First**
 17. (a) **Burial** (b) Date thereof **6-16-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Fair View Cem.**

18. (a) Signature of funeral director **Thornhill-Dillon Mortuary**
 (b) Address **Joplin, Mo.**
 19. (a) **7-17-48** (b) **Solares Lampkin**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jasper** 49
 (c) City or town **Joplin** 2
 (If outside city or town limits, write "RURAL") 5
 (d) Street No. **927 West First** U
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **13**
 year **1948** hour **6** minute **AM**
 21. I hereby certify that I attended the deceased from **June 4, 1948**
 _____, 19____, to **July 13, 1948**;
 that I last saw her alive on **July 12, 1948**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute congestive heart failure**
 Due to **Cardio-vascular renal disease**

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

Major findings: **1310**
 Of operations _____
 Of autopsy _____

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?

23. Signature **J. A. Whittle** (M.B. number) **D 0**
 Address **521 West 4th Joplin, Mo.** Date signed **7/14/48**



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..... *Cecilia Frankie*

Licensed Embalmer No. *3590*

P. O. Address *Joplin, 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.