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FILED DEC 1 1948

State File No. _____

Registration District No. 274

Primary Registration District No. 4405

Registrar's No. 327

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Green Ridge
(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 2 Yrs
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Green Ridge
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME Charles Jefferson Sims

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Vine Jones Sims 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased: Nov. 13 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	0	4	hr. min.

9. Birthplace Morgan Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Charles W. Sims

13. Birthplace Norecord Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Louise Channey

15. Birthplace Morgan Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Emmett Sims
 (b) Address Green Ridge, Mo.

17. (a) Burial (b) Date thereof Nov. 18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freedom Cem. Vers., Mo.

18. (a) Signature of funeral director H. F. Russell

(b) Address Versailles, Missouri

19. (a) 11-18-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
 year 1948 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from Nov. 17, 1948 to Nov. 17, 1948
 that I last saw him alive on Nov. 15, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocardial disease
Angina pectoris, coronary thrombosis

Due to _____
 Due to _____

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

Major findings: _____
 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? 0.

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature H. A. Hite (M. D. number) 148
 Address Green Ridge, Mo. Date signed 1-17-

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-30-48

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 [Signature]

Licensed Embalmer No. 1596

P. O. Address [Signature]

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.