

FILED JAN 6 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

39241

Registration District No.

Primary Registration District No. 3000

Registrar's No. 376

1. PLACE OF DEATH:

(a) County... Adair
(b) City or town... Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution... 422 W Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... Entire Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Martha Jane Sims

3. (b) If veteran,

name war...

3. (c) Social Security No.

4. Sex... Female 5. Color or race... W
6. (b) Name of husband or wife... James S. Sims 6. (c) Age of husband or wife if alive... 2 years
7. Birth date of deceased... 1 (Month) 1 (Day) 1886 (Year)

8. AGE: Years 92 Months Days If less than one day hr. min.

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

10. Usual occupation... Housewife

11. Industry or business...

12. Name... George Jackson

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

14. Maiden name... Anna Whitlam

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

16. (a) Informant... Anna

(b) Address... 422 W. Wash. Kirksville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... 12-30-48 (Month) (Day) (Year)

(c) Place: burial or cremation... Lowell N. - R. L. L.

18. (a) Signature of funeral director... James S. Sims

(b) Address... 12-29-48

19. (a) (Date received local registrar) (b) Kate Lambert (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... Adair
(c) City or town... Kirksville (If outside city or town limits, write "RURAL")
(d) Street No. 422 W Wash (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1948 hour 5 minute 30 AM

21. I hereby certify that I attended the deceased from Dec 2, 1948, to Dec 24, 1948, that I last saw him alive on Dec 24, 1948, and that death occurred on the date and hour stated above.
Immediate cause of death... Cancer of liver

Due to... Complicating disease

Due to...

Other conditions... (Include pregnancy within 3 months of death)

Major findings:

Of operations...

Of autopsy...

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (c) Means of injury...

23. Signature... C. A. Adams (M. D. or other) DO

Address... 1152 S. Franklin Kirksville Mo. Date signed Dec 28/48

RECEIVED

District Health Officer No. 10

District File Number 1-49-13

Date Filed JAN 4 - 1949

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 _____

Licensed Embalmer No. 4761

P. O. Address Laurence, 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.