REC'D MAY 18 19

Dr. Dalzell

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14626
Do not use this space.

1. PLACE OF DEATH
(a) County Greene — Registration District No. 316
(b) Township — Primary Registration District No. 2001 — Registered No. 317
(c) City Springfield Mo. (d) Street No. 741 S. Broad St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter Rush Sims
(a) Residence, No. 741 S. Broad St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Ida B. Sims
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1864
7. AGE Years 73 Months 8 Days 19 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co. Missouri

FATHER
13. NAME William Sims
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Celia Duncan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Clark Sims
(ADDRESS) Springfield Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ozark Mo. DATE April 13 1938
19. FUNERAL DIRECTOR (NAME) Alma Lohmeyer
(ADDRESS) Springfield Mo.
20. FILED Apr 13 1938 Chas A George MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1938
22. I HEREBY CERTIFY, That I attended deceased from Mch 25, 1938 to April 11, 1938
I last saw him alive on April 11, 1938 Death is said to have occurred on the date stated above, at 7:20 P.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Cerebral Hemorrhage
Other contributory causes of importance:
Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W A Dalzell, M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important.

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.