

REC'D MAY 22 1939

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

15873  
Do not use this space.

1. PLACE OF DEATH

(a) County Palls Registration District No. 726  
(b) Township Sawyer Primary Registration District No. 5798  
(c) City Sawyer (d) Street No. R#3 Hannibal Mo 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 Labina E Sims

(a) Residence, No. R#3 Hannibal Mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Virgil Sims

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-6-1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
35 7 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hannibal  
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) Berioji Mich

FATHER 13. NAME Nolan J. Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pearis Ill

MOTHER 15. MAIDEN NAME Elizabeth Glass

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hsco Ill

17. INFORMANT (ADDRESS) Nolan Carter R#3 Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Cem. DATE April-1-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James O'Donnell Hannibal Mo

20. FILED Apr 27 1939 Blanche McGuire Local Registrar. 155 (Address) New London Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-30-1939

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1939, to March 30, 1939

I last saw her alive on March 14, 1939. Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset

Other contributory causes of importance:

Insanity

Name of operation Date of

What test confirmed diagnosis? 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? No

If so, specify (Signed) W. J. Waters M. D.

(Address) New London Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-39-906

Date Filed MAY 9 1939

**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 Michael J. O'Rourke

Licensed Embalmer No. 3246

P. O. Address Hannibal 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, above space should be left blank.