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

FILED AUG 8 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24612

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 272

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Short Oak Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 8 Years /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. Short Oak St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Van Vern Sims

3. (b) If veteran, name war ____

3. (c) Social Security No. 497-09-7565

4. Sex Male 2

5. Color or race C

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ernestine

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Jan (Month) 31 (Day) 1913 (Year)

8. AGE: Years ~~28~~ 28 Months ~~8~~ 5 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace New Madrid, Missouri (City, town, or county) U (State or foreign country)

10. Usual occupation Cook

11. Industry or business Restanrant

MOTHER FATHER

12. Name Jessie Sims

13. Birthplace New Madrid, Missouri (City, town, or county) U (State or foreign country)

14. Maiden name Queen Victoria Fountine Smith

15. Birthplace New Madrid, Missouri (City, town, or county) U (State or foreign country)

16. (a) Informant Mrs. Ernestine Sims

(b) Address Poplar Bluff, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Missouri

19. (a) 7/5/41 (Date received by local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1941 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 7-2, 19 41, to 7-3, 19 41; that I last saw him alive on 7-3, 19 41; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lung Abscess	3-4 months
Due to: Unresolved Pneumonia	4 months
Due to: Bronchial Asthma	3 months
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN — Underline the cause to 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? ____ (e) Means of injury ____

23. Signature J. H. Porter (M. D. or other) D

Address Poplar Bluff Date signed 7-5

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 841-999
Date Filed 8-6-41

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.