

FILED OCT 8 1941

Registration District No. 207

Primary Registration District No. 5405

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Hamersville  
(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 \_\_\_\_\_ (Specify whether

In this community \_\_\_\_\_ years, months or days)

8. (a) PRINT FULL NAME Ollene Sims

8. (b) If veteran, name war Infant 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased aug - 12 - 1939  
(Month) (Day) (Year)

8. AGE: Years 2 Months 1 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Charles J. Sims

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

14. Maiden name Callahan

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

16. (a) Informant Charles Sims

(b) Address Hamersville, Mo

17. (a) Burial (b) Date thereof 9-28-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director E. Morrison

(b) Address Hamersville, Mo

19. (a) 9-20-41 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin

(c) City or town Hamersville Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mile north 1/2 East  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27  
year 1941 hour 1 minute 0 P. M.

21. I hereby certify that I attended the deceased from Sept 27  
1941, to Sept 27, 1941,  
that I last saw her alive on Sept 27 - 9:30 A.M., 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis

Due to Matasimus Colitis

Due to 9

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? \_\_\_\_\_

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

23. Signature J. L. H. H. H. (M. D. or other) MD

Address Hamersville, Mo Date signed 9/28/41

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

RECEIVED

District Health Office No. \_\_\_\_\_

District File Number 1041-134

Date Filed 10/6/41

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**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 comply with the above constitutes grounds for revocation of license.)**

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