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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr Max F. et al
State File No. 21383
Registrar's No. 516

Registration District No. Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: Burge Hospital
(d) Length of stay: In hospital or institution 4 days
In this community 46 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 1021 W. Elm
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Eugene Virgil Sims
(b) If veteran, name war Unknown
(c) Social Security No. Unknown

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mrs. Lena Sims
(c) Age of husband or wife if alive Unknown years
7. Birth date of deceased June 12, 1897

8. AGE: Years 46 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Springfield, Missouri

10. Usual occupation City Employee

11. Industry or business Disposal plant employee

12. Name George W. Sims

13. Birthplace Unknown Missouri

14. Maiden name Elnora Craig

15. Birthplace Unknown Missouri

16. (a) Informant Mrs. Lena Sims

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof June 27, 1943

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 6-28-43 (b) W.E. Handley

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 25, year 1943 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from June 10, 1943, to June 25, 1943, that I last saw him alive on 6-25, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pneumonia

Due to

Due to

Other conditions: Acute Rheumatism

(Include pregnancy within 3 months of death)

Major findings: Of operations 108

Of autopsy

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?

While at work? (Specify place) Means of injury

23. Signature: Max F. et al (M. D. or other) W.O.
Address: Springfield, Mo Date signed: 6-28-43

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

MOTHER FATHER

Duration 2-4 Days

PHYSICIAN

944

(Licensed Embalmer's Statement on Reverse Side)

W

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.....

Lewis G. Scherf

Licensed Embalmer No. *3802*

P. O. Address.....

Springfield, 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.