

FILED JAN 28 1946

Primary Registration District No. 4171

Registrar's No. 28

1. PLACE OF DEATH:

(a) County DE Kalb  
(b) City or town Union Star, Mo  
(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 1  
In this community 61 years  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Martin W. Sims  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M O 5. Color or race W  
6. (a) Single, widowed, married divorced Widowed  
6. (b) Name of husband or wife Missouri Abbott  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 8, 1853  
(Month) (Day) (Year)

8. AGE: Years 92 Months 03 Days 11  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Lee County Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

MOTHER FATHER { 12. Name Martin Sims

13. Birthplace Va. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Wilburn

15. Birthplace Va. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Sims  
(b) Address Phelps, Mo.

17. (a) Burial (b) Date thereof Jan. 1, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star, Mo

18. (a) Signature of funeral director Lucile M. Wilson  
(b) Address King City, Mo.

19. (a) Dec 30 1945 (b) Registrar's signature  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Kalb 32  
(c) City or town Union Star, Mo. 1  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No. 1  
(Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 29 day  
year 1945 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from  
Dec. 20, 1945 to Dec 29, 1945  
that I last saw him alive on Dec 29, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Influenza  
Duration 7 Day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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?

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

23. Signature E. M. Reynolds (M. D. or other)  
Address Union Star, Mo. Date signed Dec 30 1945

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

10000

*Received*

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

*1-18-46*

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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..... *Lewis M. Wilson* .....

Licensed Embalmer No. *2830* .....

P. O. Address..... *King City, 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.**