

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

Registration District No. **240** Primary Registration District No. **5827**

1. PLACE OF DEATH:

(a) County **New Madrid**
 (b) City or town **Lewis Township**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
(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 **Life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**
 (c) City or town **Lewis Township**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **John Simms**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **723-14-0335**

4. Sex **Male** 5. Color or race **Colored**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Eva Simms**
 6. (c) Age of husband or wife if alive **50** years
 7. Birth date of deceased **January 16 1898**
(Month) (Day) (Year)

8. AGE: Years **48** Months **9** Days **29**
 If less than one day hr. _____ min. _____

9. Birthplace **New Madrid County**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Farmer**

11. Industry or business _____
 12. Name **Sylvester Simms**
 13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Allison Westbrook**
 (b) Address **New Madrid, Missouri**
 17. (a) **Burial** (b) Date thereof **4-20-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Sand Hill**

18. (a) Signature of funeral director **Ponder Funeral Home**
 (b) Address **Lilbourn, Missouri**
 19. (a) **4-17-47** (b) **H. L. Ponder Deputy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15**
 year **1947** hour **3** minute **A** M.

21. I hereby certify that I attended the deceased from **April 13 1947** to **April 14 1947**
 that I last saw him alive on **April 14 1947**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Fracture of skull intracranial hemorrhage**
 Duration _____
 Due to **Blow on head in Rt posterior Parietal region**
 Due to _____
 Other conditions **Drunkennes**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy **Fracture skull Rt Parietal region**
 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) **Homicide**
 (b) Date of occurrence **April 13th 1947**
 (c) Where did injury occur **New Madrid, Missouri**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place Bur Tavern
(Specify type of place)
 While at work? **No** (e) Means of injury _____
 23. Signature **O. B. Chandler** (M. D. or other) **M.D.**
 Address **New Madrid, Mo** Date signed **4/14/47**

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

72
0
0

FEB 3 1949

NOV 6 1957

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, Missouri

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.