

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17162

FILED JUN 9 1947
128

Registration District No. 2000

Registrar's No. 419

1. PLACE OF DEATH:

(a) County Green
(b) City or town Springfield Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. John Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 3 hrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Green
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 419 S. Main
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex F / 5. Color or race W.
6. (a) Single, widowed, married, divorced Infant
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 20, 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 3 hr min.

9. Birthplace Springfield, Green County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name James M. Sims
13. Birthplace Mo.
14. Maiden name Joann Collins
15. Birthplace Christian, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Collins
(b) Address Osark Mo. RR

17. (a) Osark (b) Date thereof May 21, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highlandville

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Osark Mo.

19. (a) 5-21-47 (b) W. E. Handley M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th
year 1947 hour 7:30 minute 9 M.
21. I hereby certify that I attended the deceased from 5-20, 19 47 5-20, 19 47
that I last saw him alive on 5-20, 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
25 W.R. Dist.
Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 159
Of autopsy

Duration

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) (e) Means of injury

23. Signature Max J. Titus (M. D. or other) M.D.
Address Springfield Mo. Date signed 5-21-47

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate *was not embalmed* ~~was embalmed by me, or by~~

....., Registered Apprentice No.
working under my personal supervision.

Signed *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address: *Ozark 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.