

FILED JUL 24 1947

Registration District No. 32

Primary Registration District No. 4044

Registrar's No. 8

1. PLACE OF DEATH:

(a) County BOONE
(b) City or town STURGEON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 64 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE 10
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. So. - STURGEON
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HILINDA SIMS

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELMER T. SIMS 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Oct. 20 - 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Knoble Co. Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation KWF

MOTHER FATHER
11. Industry or business
12. Name John Le Coust
13. Birthplace Ind. 1
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Raughter
15. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ada P. Kimmel
(b) Address Flint, Mich.

17. (a) BURIAL (b) Date thereof July 17 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE

18. (a) Signature of funeral director Bauer & Booth
(b) Address Sturgeon, Mo.

19. (a) July 17, 47 (b) Chelma J. Estep
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1947 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 14 to July 14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary thrombosis

Diabetes Mellitus 8 yrs

Due to _____
Other conditions. (Include pregnancy within 3 months of death)
Major findings: Of operations 61
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) Means of injury 0

23. Signature AR Mcowan (M. D. or other) 0
Address Sturgeon Mo Date signed 7/15/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-23-47

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..... *A. E. Boothe*
Licensed Embalmer No. *4087*
P. O. Address. *Sturgeon, 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.