

FILED JUL 9 1940

MISSOURI STATE BOARD OF HEALTH

2 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No 206

22344

Do not use this space.

1. PLACE OF DEATH

- (a) County Morgan Registration District No. 953
 (b) Township Morgan Primary Registration District No. 5792 B
 (c) City Verailles (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- (a) Residence, No. 529 Rachel SIMS Verailles mo Verailles St. Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12, 1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 88 8 1

- OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Jan. 14 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Mo

- FATHER
 13. NAME Wm. Sims 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee Mo

- MOTHER
 15. MAIDEN NAME Elizabeth Estes
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co.

17. INFORMANT (ADDRESS) W. O. Payne Verailles

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Freedom DATE May 15, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Schuchert Verailles

20. FILED May 15, 1940 Julius R. Cooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13-1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1940 to May 13, 1940
 I last saw him alive on May 13, 1940 Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 5-13-40

- Other contributory causes of importance: Broncho Pneumonia 3-27-40

- Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical history on autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

- Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

- (Signed) A. J. Bean, M. D.
 (Address) Verailles mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE CLEARLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

I X1402B

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7,
District File Number 6-40-931
Date Filed 6-20-40

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, _____

Rene Bartram

or by _____

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

Signed *Rene Bartram*

Licensed Embalmer No. 4071

P. O. Address Versailles, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22347**
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **953**

Primary Registration District No. **5792**

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

1. PLACE OF DEATH:

(a) County **Morgan**
(b) City or town **Moberly**
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Rachel Sims**

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

4. Sex **7** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **8**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased **Sept 12 1831**
(Month) (Day) (Year)

8. AGE: Years **88** Months **8** Days **1** If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **May 15 40** (b) **Julius Cooper**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Morgan**
(c) City or town **Versailles RFD 3**
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

19. MEDICAL CERTIFICATION
20. DATE OF DEATH Month **5** day **13**
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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 **A. J. Gunn** (M. D. or other) _____
Address **Versailles Mo** Date signed _____

SUPPLEMENTARY

