

29796

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 6 1942

Registration District No. 93

Primary Registration District No. 5116

Registrar's No. 10

1. PLACE OF DEATH:

(a) County BOONE

(b) City or town RURAL - BOURBON
(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 _____ (Specify whether)

In this community ALL OF LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED: 10

(a) State MISSOURI (b) County BOONE 0

(c) City or town RURAL - BOURBON 0
(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.? 0 years.

3. (a) PRINT FULL NAME VIRGIE TOLSON SIMS

3. (b) If veteran, name war L

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1942 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from _____, 1941, to Sept 7, 1942

that I last saw her alive on Sept 11, 1942 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Randall A. Sims

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: JULY 7 - 1878
(Month) (Day) (Year)

Immediate cause of death

Subar Pneumonia 2
right & left lung
Due to cerebral apoplexy

Due to _____

Due to _____

8. AGE: Years 64 Months 2 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace BOONE Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation H.W.F.

11. Industry or business

MOTHER FATHER { 12. Name MARSHALL EWITT FORBIS

13. Birthplace BOONE Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name ANNA CORNER

15. Birthplace BOONE Co. Mo.
(City, town, or county) (State or foreign country)

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

Major findings: Of operations 106

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. George Sims

(b) Address Sturgeon, Mo.

17. (a) BURIAL (b) Date thereof Sept. 13-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Army

18. (a) Signature of funeral director W. B. ...

(b) Address Sturgeon, Mo.

19. (a) Aug 12-42 (b) Mary Montgomery
(Date received local registrar) (Registrar's signature)

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 2

23. Signature Dr. Joseph H. Jones (M. D. or other) 10

Address Sturgeon, Mo. Date signed 9/17/42

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

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.

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.....

Licensed Embalmer No. 4087

P. O. Address Sturgen, 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..