

REC'D MAR 14 1941

Registration District No. 79

Primary Registration District, No. 5116

Registrar's No. 9

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 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)

8. (a) PRINT FULL NAME RANDAL AUSTIN SIMS

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife VIRGIE SIMS 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased JULY - 9 - 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 17 If less than one day  
hr. min.

9. Birthplace BOONE Co. 0 Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name JOSIAH SIMS  
13. Birthplace BOONE Co. 0 Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name NANCY ELLEN KANATZAR  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Sims  
(b) Address Sturgeon, Mo.

17. (a) BURIAL (b) Date thereof 2-28-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Union Cem.

18. (a) Signature of funeral director Barnes & Boothe  
(b) Address Sturgeon, Mo.

19. (a) 2-28-1941 (b) ReBoothe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BOONE  
(c) City or town RURAL - 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26  
year 1941 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 2  
1941 to Feb. 26 1941  
that I last saw him alive on Feb. 26 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration \_\_\_\_\_

Due to Double Lobar Pneumonia

Due to \_\_\_\_\_

Other conditions 108  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 1

23. Signature Dr. Joseph H. Jones (M.D. or other) 20  
Address Sturgeon, Mo. Date signed 3/5/41

**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 *P. E. Booth*  
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: