

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14107**

Registrar's No. **5**

FILED MAY 2 1944
Registration District No. **33**

Primary Registration District No. **5116**

1. PLACE OF DEATH:

(a) County **B oone**
(b) City or town **Sturgeon- Bourbon Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Route
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **87 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **RANDOL S. SIMS**

3. (b) If veteran, **None** name war
3. (c) Social Security **None** No.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Sally Ann Sims**
6. (c) Age of husband or wife if alive **1856** years
7. Birth date of deceased **5 - 12 -** (Month) (Day) (Year)

8. AGE: Years **87** Months **10** Days **18** If less than one day
hr. min.

9. Birthplace **Boone County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Matthew Jackson Sims**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Sally Anne Barnes**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mansil Sims**
(b) Address **Sturgeon, Mo.**
17. (a) **Burial** (b) Date thereof **3-31-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Horab Cemetery**
18. (a) Signature of funeral director **Parker Funeral Service**
(b) Address **Columbia, Mo.**

19. (a) **3-31-44** (b) **Mary Montgomery**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**
(c) City or town **Sturgeon**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural Route - Bourbon Township**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **30**
year **1944** hour **4:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **Feb 1** 1944 to **March 30** 1944
that I last saw him alive on **March 27** 1944
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Liver**
Duration **3 mo. mos**

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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

23. Signature **J. M. McPherson** M. D. or other
Address **Sturgeon Mo** Date signed **3/31/44**

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 embalmed by me, or by.....

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

Signed

W. S. Whitman

Licensed Embalmer No.

3893

P. O. Address

Calumet

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.