No. 2
1—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22698

Registration District No. 38 Primary Registration District No. 3006 Registrar's No.

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) Life
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Boone
(c) City or town Rocky Fork Tp
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Adella Rosemond Sims
3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Thomas A Sims
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 12 1859 (Month) (Day) (Year)
8. AGE: Years 86 Months 3 Days 1 If less than one day hr. min.
9. Birthplace Boone Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
MOTHER FATHER
12. Name John Keithley
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Calvina Brinks
15. Birthplace Ky (City, town, or county) (State or foreign country)
16. (a) Informant J E Sims
(b) Address Sturgeon Ro 1
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Nagust Grove
18. (a) Signature of funeral director [illegible]
(b) Address Columbia
19. (a) 10-28-46 (Date received local registrar) (b) Mon R. E. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13th year 1945 hour 1 minute A M.
21. I hereby certify that I attended the deceased from Apr 4 1945 to 12-9 1945 that I last saw h. alive on Dec 9 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebrovascular Stroke Effecting entire body	
Due to Clot in brain	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy No

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Sturgeon Mo Date signed 12-14-45

31 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-23-46

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. 3183

P. O. Address.....

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.

S. No. 2B
5M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 249

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia

(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 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo (b) County Boone

(c) City or town Rocky Ford

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Azella R. Sims

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 12 1859 (Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days Unless than one day hr. min.

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

10. Usual occupation

11. Industry or business Housekeeper

MOTHER FATHER

12. Name John Keitley

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

14. Maiden name Brink

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

16. (a) Informant J. E. Sims

(b) Address Sturgeon Route

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 16 45 (Month) (Day) (Year)

(c) Place: burial or cremation Tower Grove

18. (a) Signature of funeral director R. O. Willett

(b) Address Columbia

19. (a) 10-22-46 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day Dec 3 year 1945 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 Complete stroke Duration

Due to specific venture limity

Due to clot in Brain

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. G. Rehmer (M. D. or other)

Address Sturgeon, Mo Date signed

SUPPLEMENTARY

22698