

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30373

State File No. _____

FILED SEP 22 1947

Registration District No. 38

Primary Registration District No. 5120

Registrar's No. 241

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: xx /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community xx years, months or days

3. (a) PRINT FULL NAME Pernecia A Sims

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

4. Sex M F 5. Color or race W
6. (b) Name of husband or wife John H Sims 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 12 1858
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Wm Mordica
13. Birthplace Boone Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Rachael Jones
15. Birthplace Boone Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Charlie Sims
(b) Address Sturgeon R Mo

17. (a) Burial (b) Date thereof Sept-1, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dripping Springs

18. (a) Signature of funeral director R. Owens
(b) Address Columbia Mo

19. (a) 9-7-47 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia Rural 0
(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 x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30th
year 1947 hour 3:30 minute P 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 Unknown Duration _____

Due to Believed to be
heart disease

Other conditions 950
(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) (e) Means of injury _____

23. Signature W. H. Brown Date signed 9/1/47
Address Columbia Mo

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9-19-47

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, ~~my~~.....

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

Signed

Lyman H. Sprinkle

Licensed Embalmer No.

4013

P. O. Address

Columbia, 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, fact should be so stated above. }