No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1948

Registration District No. 89

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5227

State File No. 29148

Registrar's No. 168

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Rural - Peculiar Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cass Co Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years (Specify whether
In this community 86 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass 1908
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Everett Comunity
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Sims

3. (b) If veteran, name war None

3. (c) Social Security No. No

4. Sex M.O

5. Color or race W.

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased Dec (Month) 21 (Day) - 1861 (Year)

8. AGE: Years 86 | Months 9 | Days 8 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Farm Laborer (Ret.)

11. Industry or business

FATHER
12. Name Jess Sims
13. Birthplace Va. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Cass County Record
(b) Address Cass Co Home Hville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Orient Cem.

18. (a) Signature of funeral director Atkinson Bros.
(b) Address Harrisonville Mo.

19. Sept. 30-1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1948 hour 3 minute A M.

21. I hereby certify that I attended the deceased from May 18 1948 to Sept. 29 1948; that I last saw him alive on Sept. 28 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bulbar Paralysis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 82	
Of autopsy	

PHYSICIAN

Underline the cause of 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 J. S. Triplett, M.D. (M. D. or other)
Address Harrisonville, Mo Date signed 9-30-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed ~~by me, or by~~ .....

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.