. 300 10-47	FEDERAL SECURITY AGENCY National Office of Vital Statistics  MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH State File No. 35518	
7-39 3906	HIFT DEC 9 4000	District No. 5032  Registrar's No.
UNFADING BLACK INK-MAKE A PERMANENT RECORD	1. PLACE OF DEATH:  (a) County	2. USUAL RESIDENCE OF DECEASED:  (a) State Rush Hill Ocumty. Audrain  (c) City or town (If outside city or town limits, write "RURAL").  (d) Street No. (If rural, give location)  (e) Citizen of foreign country? NO (Yes or No)
	3. (a) PRINT Luther Sims FULL NAME  3. (b) If veteral None  3. (c) Social Security No.	If yes, name country.  MEDICAL CERTIFICATION  20. DATE OF DEATH: Month No V day 2 7  year 1948 hour 12 minute 15 A M.
	name war.  4. Sex Male / S. Color or race White divorced Married, 6. (b) Name of husband or wife 6. (c) Age of husband or wife if Mililda A. Sims alive 64 years 7. Birth date of deceased September 4, 1875 (Month) (Day) (Year)  8. AGE: Years Months Days If less than one day	21. I hereby certify that I attended the deceased from No. V.  1948, to. No. V. 23. 1948 that I last saw h. / M. alive on. N. U. V. 25. 1948 and that death occurred on the date and hour stated above.  Immediate cause of death. G. P. A. P. C. Y.  Due to. 1-1 Y P. C. T. C. P. S. J. U. Y.  5 7 7
	73 2 19 hr. min.  9. Birthplace Callaway County, Missouri (State of foreign country)  Retired Wail Carrier	Due to
WRITE PLAINLY—USE	11. Industry or business    12. Name	(Include programoy within 8 months of death)  Major findings: Of operations  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?  (c) Means of injury  23. Signature  Address  (M. D. or other)
	(Licensed Embalmer's Sta	

MED 7 1.1949

## STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

Signed Tail & Puils

Licensed Embalmer No. 3189

P.O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.