

OCT 6 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32071
Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 287
(b) Township Center Primary Registration District No. 5328 Registered No. _____
(c) City Greenfield, Mo. Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Mary Lucille Kimbler 514

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 24 - 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to March 24, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7 - 1923

I last saw her alive on March 21, 1938. Death is said to have occurred on the date stated above, at 9 P M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 14 5 7

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Endocarditis
Fluoridatus Nephritis
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lockwood Mo.
A. F. S.

Other contributory causes of importance: 13

FATHER 13. NAME Roy Kimbler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.

MOTHER 15. MAIDEN NAME Leta Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenfield Mo.
A. F. S.

17. INFORMANT (ADDRESS) Roy Kimbler
Greenfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Collins Cem. DATE Mar. 24 1938

19. FUNERAL DIRECTOR (ADDRESS) J. W. Ward
Greenfield, Mo.

20. FILED Apr 30 1938 W. S. Weir
Local Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) St. Clavan, M. D.
(Address) Greenfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

132a

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 10/19/38

STATEMENT BY LICENSED EMBALMER

I, J. W. Ward, Licensed Embalmer No. 2832

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. J. W. Ward

No. _____ or by _____, Registered Apprentice No. 2832
working under my personal supervision.

Signed J. W. Ward
Licensed Embalmer No. 2832

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32071

Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 937
 (b) Township Center Primary Registration District No. 5323 Registered No. _____
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Lucile Timbler
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
 (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14 5 7

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9-20-38 Wm L. Warr Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24 1938

22. I HEREBY CERTIFY, That I attended deceased from 19__ to 19__

I last saw h. _____ alive on _____, 19__ Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Emphysema Acute Date of onset _____
lobular nephritis
Chronic

Other contributory causes of importance: 121

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. D. Cowan, M. D.

(Address) Greenfield Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

S-32071