

REC'D OCT 25 1938

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

32926
Do not use this space.

1. PLACE OF DEATH

(a) County Wodaway Registration District No. 625
(b) Township Poek Primary Registration District No. 3827 Registered No. 98
(c) City Maryville Mo (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

(a) Residence, No. Isaac Kimes 577 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 78 8 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
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) like County Ohio

13. NAME John Kimes

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) John Kimes Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri DATE Oct 2 1938

19. FUNERAL DIRECTOR (ADDRESS) Campbell Funeral Home Maryville Missouri

20. FILED Oct-3 1938 Minnie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1938 to Sept 30 1938
That saw him alive on Sept 30 1938. Death is said to have occurred on the date stated above, at 9:45 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of prostate gland. primary cerebral apoplexy chronic nephritis
Other contributory causes of importance: nephritis by

Name of operation none 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) J. C. Manning M. D.
Skidmore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

74

6-1-38

STATEMENT BY LICENSED EMBALMER

I, William Campbell, Licensed Embalmer No. 2650
hereby certify that the body recorded on the reverse side of this certificate was embalmed by William Campbell
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed William Campbell

Licensed Embalmer No. 2650

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.)