

DEC'D JAN 9 1939

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

42722  
Do not use this space.

1. PLACE OF DEATH

(a) County Christian Registration District No. 183  
(b) Township Logan Primary Registration District No. 5253 Registered No. 17  
(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

357 Isabelle Kimmons  
(a) Residence, No. Nixa, Mo Route 1 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom B. Kimmons  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 4 19  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
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) Kansas

FATHER 13. NAME John Moody

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

MOTHER 15. MAIDEN NAME Sarah Means

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

17. INFORMANT (ADDRESS) John Kimmons  
Nixa, Mo. R#1

18. BURIAL, CREMATION, OR REMOVAL PLACE Delaware Cem. DATE Nov 25 - 38

19. FUNERAL DIRECTOR (ADDRESS) J. H. Maples  
Clever - Missouri

20. FILED Dec. 6, 1938 Ida B. Hauptman  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1938 to Nov. 23, 1938

I last saw her alive on Nov. 20, 1938. Death is said to have occurred on the date stated above, at 5:30 P.m.

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

CHRONIC MYOCARDITIS.

Other contributory causes of importance:  
THROMBOSIS IN LEFT LEG

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) G. H. Brown, M. D.

(Address) Billings, Missouri

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-872

Date Filed DEC 19 1938

STATEMENT BY LICENSED EMBALMER

I, J. W. Maples, Licensed Embalmer No. 2985

hereby certify that the body recorded on the reverse side of this certificate was <sup>not</sup> embalmed by

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed J. W. Maples  
Licensed Embalmer No. 2985

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.)