

REC'D JUN 8 1939

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

17625  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kew Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. 3930 College Registered No. 2027  
(e) Length of residence in city or town where death occurred since 1883 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

562 Mrs. Katherine Rebecca Jimerson  
(a) Residence, No. 3930 College 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
90 7 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home  
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) White Hall Maryland13. NAME G. Vaughan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Rebecca Standford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland17. INFORMANT (ADDRESS) Miss Ida Jimerson  
3930 College18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington DATE May 17 3919. FUNERAL DIRECTOR (NAME) (ADDRESS) A. N. Newcomer  
Bushcreek & Co.20. FILED May 15, 1939 M. M. Brown  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 39

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1938, to 5-14, 1939  
I last saw her alive on 5-14, 1939. Death is said to have occurred on the date stated above, at 3:15 A. m.

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

Central Hemorrhage  
820/1

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? No

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? No  
If so, specify

(Signed) J. R. Hall M. D.  
(Address) 626. S. Ashrop Bldg

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed

*George M. Collier*

Licensed Embalmer No. *3839*

P. O. Address .....

**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, above space should be left blank.**