

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 5290  
Registrar's No. 515

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Wesley Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day.  
1 Yr. (Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Clara H. HERBERT.

3. (b) If veteran, name war. No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Maurice Herbert 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased Feb. 5th, 1909  
(Month) (Day) (Year)

8. AGE: Years 30 Months 11 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Iowa. (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Adam Kimmet.  
18. Birthplace St. Joseph Missouri. (City, town, or county) (State or foreign country)  
14. Maiden name Lacy Balluff. (City, town, or county) (State or foreign country)  
15. Birthplace Iowa. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Maurice Herbert  
(b) Address 505 West 10th St.

17. (a) Burial (b) Date thereof 2/5/39.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Marvs.

18. (a) Signature of funeral director Melody-McGilley.  
(b) Address K. C. Mo.

19. (a) Feb. 4, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 505 West 10th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 1  
Feb 1, 1940 to Feb 2, 1940  
that I last saw her alive on Feb 2, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Germinal Pneumonia Duration 2-1-40  
Due to Diabetic Coma  
Due to 59

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations no Of autopsy yes  
PHYSICIAN \_\_\_\_\_ 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) no  
(b) Date of occurrence no  
(c) Where did injury occur? no (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury no  
23. Signature J. F. McChey (If D. or other) \_\_\_\_\_  
Address Chippewa Date signed 2-2-

WHILE FATHERLY—USE UNFADING BLACK INK—MAKE 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.

1 X 1931

Dr. Mackey  
Prof. Bldg.

OCT 7 1941

OCT 9 1941

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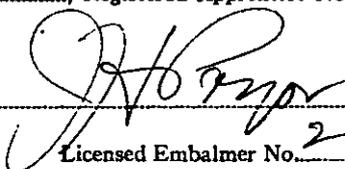
STATEMENT BY LICENSED EMBALMER

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

  
.....  
Licensed Embalmer No. 2999

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.