FILED APR 18 1940

. S. No. 2
1—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10001

Registration District No. 4 Primary Registration District No. 3001 Registrar's No. 76

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1
2
2

1. PLACE OF DEATH:

(a) County ADAIR

(b) City or town Kirksville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Laughlin (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days) 5/6

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Glenwood - Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME TOM KIMBRELL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife LULU

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JANUARY (Month) 1 (Day) 1886 (Year)

8. AGE: Years 54 Months 2 Days 6 If less than one day hr. min.

9. Birthplace Schuyler Co., Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name John Kimbrell
13. Birthplace Schuyler Co. Mo (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Mary Blanset
15. Birthplace Schuyler Co. Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs Lulu Kimbrell

(b) Address Glenwood, Mo.

17. (a) BETHEL Cemetery (Burial, cremation, or removal) (b) Date thereof APRIL 2 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Moreheads'

(b) Address Lancaster Mo.

19. (a) 4-1-40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th year 1940 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 29th, 1940, to March 30th, 1940; that I last saw him alive on March 30th 4:45 P.M., 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetic Coma	
Due to Diabetes Mellitus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

3 While at work? (e) Means of injury

23. Signature C. E. Wyckoff (~~M.D. or other~~) D.O.

Address Laughlin Hospital Kirksville, Mo. Date signed 3/20/40

(Licensed Embalmer's Statement on Reverse Side)

SEP 2 5 1952

RECEIVED
District Health Officer No. 10
District File Number 4-40-849
Date Filed APR 16 1940

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 TRUE & MINNIE MOREHEAD, Registered Apprentice No. ....., working under my personal supervision.

Signed Morehead's

Licensed Embalmer No. 3731-3680

P. O. Address Lancaster Mo.

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.