

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

10852  
Do not use this space.

FILED APR 22 1940

**1. PLACE OF DEATH**

(a) County Dunklin Registration District No. 288  
 (b) Township 7 Primary Registration District No. 4172 Registered No. ....  
 (c) City Kimmett 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. da.

**2. PRINT FULL NAME** Charlotte Lavinia Kimbrow

(a) Residence; No. 107 East 6th St 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Kimbrow  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 - 1868  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 6 19

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
 9. Industry or business in which work was done, as saw mill, bank, etc. At home  
 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) Tenn /

FATHER  
 13. NAME Jerry Hayes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn /

MOTHER  
 15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know /

17. INFORMANT Vera Winston (ADDRESS) 107 E. 6th St Kimmett mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Oak Ridge DATE 3-8 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lutz and Co  
Kimmett mo

20. FILED 3-19 1940 Wheeler Davis  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-29, 1940, to 3-7, 1940

I last saw her alive on 3-7, 1940. Death is said to have occurred on the date stated above, at 11:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 3-1-40  
 Other contributory causes of importance: Senility

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? no  
 If so, specify.....  
 (Signed) J. P. Russell M. D.  
 (Address) Kimmett, mo

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.

District File Number 1140-95

Date Filed 4/12/46

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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.....

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.**