

JUL 15 1940

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

22709
Do not use this space.

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 766
(b) Township Roscoe Primary Registration District No. 6011 Registered No.
(c) or 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 Charles H. Kimzey

(a) Residence, No. Osceola Mo R.F.D. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Lydia Kimzey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/22/1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 11 18

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. Retired farmer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Green County 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Elijah M. Kimzey 9

14. BIRTHPLACE (CITY OR TOWN) Unknown 9
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Pattie

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

17. INFORMANT Nova Kimzey
(ADDRESS) Osceola Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE 5/12/40 DATE Roscoe ..

19. FUNERAL DIRECTOR (NAME) FB Goodrbch 089
(ADDRESS) Roscoe Mo

20. FILED May 12 1940 Mrs. F. B. Goodrbch
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/11/40 , 19

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1940, to 4-8, 1940

I last saw him alive on 5-8, 1940. Death is said to have occurred on the date stated above, at 12: PM
The principal cause of death and related causes of importance were as follows:

Diabetic Mellitus Date of onset unknown

Other contributory causes of importance: 59
Developed Diabetic Gangrene in feet

Name of operation None Date of
What test confirmed diagnosis? Chin. Drag Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19....
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) J. P. Richardson, M. D.
(Address) Office

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. 7.
District File Number 6-40-918
Date Filed 6-20-40

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.