

Dr. Albert Martin

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

AUG 19 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25756

Registration District No. 567

Primary Registration District No. 4234

State File No. \_\_\_\_\_

Registrar's No. 44

1. PLACE OF DEATH: Mississippi

(a) County East Prairie, Mo.

(b) City or town East Prairie, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community 1 Week years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town East Prairie, Mo.  
(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 EVA LOICE KIMMONS

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29, year 1940 hour 1 minute P. M.

4. Sex F 5. Color or race W.

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

6. (b) Name of husband or wife Harold Kimmons

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased 2 - 10 - 1905  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 27, 1940, to July 29, 1940, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

8. AGE: Years 35 Months 5 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Gastro-Enteritis

Duration \_\_\_\_\_

9. Birthplace Hickman Co. Ky.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation Keeping house

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

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

MOTHER FATHER

12. Name L. A. Wolverstone

13. Birthplace Hickman Co. Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Rose Mae Waters

15. Birthplace Hickman Co. Ky.  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant L. A. Wolverstone

(b) Address East Prairie, Mo.

17. (a) Burial (b) Date thereof July 31, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon, Tenn.

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? \_\_\_\_\_

18. (a) Signature of funeral director Frank Shelby

(b) Address East Prairie, Mo.

19. (a) Aug 6, 1940 (b) Emilio M. Hodges  
(Date received local registrar) (Registrar's signature)

While at work? 877 (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature A. J. Martin (M. D. or other) \_\_\_\_\_

Address East Prairie, Mo. Date signed 8/5-40

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

RECEIVED

District Health Officer No. 2

District File Number 840-1372

Date Filed 8/15/48

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

*Trans Shelby*

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.