

Registration District No. 566

Primary Registration District No. 5762

144

1. PLACE OF DEATH

(a) County Mississippi
(b) City or town Charleston R#3
(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 Several Years
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Charleston R#3
(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 Emma Kimble

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Color 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Widowed-Andrew Kimble 6. (c) Age of husband or wife if dec'd years

7. Birth date of deceased April 5th, 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 1 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Not known 9

13. Birthplace not known

14. Maiden name Not known (State or foreign country) 9

15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant A. D. Kimble

(b) Address Charleston, Mo R#3

17. (a) Burial (b) Date thereof 11/10/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove-Charleston, Mo

18. (a) Signature of funeral director Lair-Nunnelee
Charleston, Mo

(b) Address Charleston, Mo

19. (a) 11-8-40 (b) J. Vernon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th
year 1940 hour 4 minute 30 p. M.

21. I hereby certify that I attended the deceased from July 15
1940, to Nov 6, 1940

that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Melanotic Cancer Duration 3 mo

Due to Cancer of Stomach 11 mo

Due to _____

Other conditions 4/10
(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?

While at work? 745 (Specify type of place) (e) Means of injury _____

23. Signature J. Vernon (M. D. or other) 1
Address Charleston Date signed 11/12/40

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

7

RECORDED
INDEXED
NOV 10 1940

RECEIVED

District Health Officer No. 2,

District File Number 1240-1752

Date Filed 12/4/40

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

John F. Nunnally Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston S.C.

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, fact should be so stated above.