No. 2
4-13-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 6299

Registrar's No. 174

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

11
1
7

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST-JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2426 NO 7TH. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 7 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUCHANAN 11
(c) City or town ST-JOSEPH 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2426 NO 7TH. 7
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME REV-CHARLES-WM-WIMPLE
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex Male
5. Color or race Wht
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha M.
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased July 3 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Near Pittsburgh Pa.
(City, town, or county) (State or foreign country)
10. Usual occupation retired Meth.
11. Industry or business Minister
FATHER
12. Name unk
13. Birthplace unk 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unk
15. Birthplace unk 9
(City, town, or county) (State or foreign country)
16. (a) Informant W. O. Wimple.
(b) Address 2426 NO 7
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 12-1941
(Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cem
18. (a) Signature of funeral director Roy Stamey
(b) Address St Joseph Mo
19. (a) Feb 12 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1941 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from 2/10, 1941, to 2/10, 1941;
that I last saw him alive on 2/10, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis
Due to Artero Sclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy NO

Duration

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) NO
(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)
While at work? — (e) Means of injury —
23. Signature J. T. Stamey (M. D. or other) M.D.
Address 2624 St Joseph Ave Date signed 2/11/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 ..... Feb 11 1941 ....., Registered Apprentice No. .....
working under my personal supervision.

Signed John Roy Stanley

Licensed Embalmer No. 2435

P. O. Address St Joseph 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, fact should be so stated above.