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23990

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Mo. No. 22395  
State File No. \_\_\_\_\_  
Registrar's No. 209

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Sedalia  
(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 \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pettis 80  
(c) City or town Sedalia 6  
(d) Street No. 415 So. Marvin 5  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas Ann Rimel  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married /  
6. (b) Name of husband or wife William B. Rimel 6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased July 11-1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 9  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Russellville Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation At home

11. Industry or business \_\_\_\_\_  
12. Name Thomas A. Shepherd  
13. Birthplace Cole Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Nance  
15. Birthplace Cole Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant William B. Rimel  
(b) Address Sedalia, Mo.  
17. (a) Burial (b) Date thereof June 23-41  
(Burial, cremation, or reinterment) (Month) (Day) (Year)  
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home  
(b) Address Sedalia, Mo.

19. (a) 6/23/41 (b) Mrs. Harry Sneed  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1941 hour 3 minute P M.  
21. I hereby certify that I attended the deceased from 3-5  
1941 to 6-20 1941;

that I last saw her alive on 6-19 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal pneumonia  
Due to Biliary cirrhosis  
Chronic nephritis  
Due to Chronic myocarditis  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
(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? \_\_\_\_\_

23. Signature J.M. Rodman (M. D.)  
Address Sedalia, Mo. Date signed 6-21-41

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

RECEIVED  
District Health Officer No. 8  
District File Number  
7-7-41  
Date filed

**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. 3867

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**