

FILLED NOV 14 1941

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **1111**

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

1. PLACE OF DEATH:  
 (a) County Buchanan  
 (b) City or town St. Joseph City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1923 north 2nd  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 40 yrs. (Specify whether years, months or days)  
 In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2021 South 18th  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Samual Kimball  
 (b) If veteran, name war Unknown  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct 22 day \_\_\_\_\_ year 1941 hour 7:30 minute \_\_\_\_\_ A.M.  
 21. I hereby certify that I attended the deceased from Oct 3 1941 to Oct 3 1941; that I last saw him alive on Oct 3 1941; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Unknown  
 (b) Name of husband or wife ?  
 (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death:  
Cardiac Insufficiency  
arteriosclerotic  
 Due to Dropsy  
 Duration 6 weeks

7. Birth date of deceased: (Month) ? (Day) ? (Year) ?  
 8. AGE: Years Est. '85 Months ? Days ? If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) 950  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Unknown Unknown  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Unknown

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Unknown  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant Rev. S. I. Williamson  
 (b) Address 2410 So. 18

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? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

17. (a) Burial (b) Date thereof Oct 25 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Ashland Cemetery  
 18. (a) Signature of funeral director Fleeman and Son Inc  
 (b) Address St. Joseph, mo  
 19. (a) Oct 27, 1941 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

23. Sign Charles H Werner (M. D. or other) M.D.  
 Address 221 Kirkpatrick Bldg Date Oct 22-1941

**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.....

*Oct 22 1941*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *John H. Flinley*

Licensed Embalmer No. *4050*

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.**