. No. 2
—1-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1082

State File No. 1299

Registrar's No. 245

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3738 Bales Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country --

3. (a) PRINT FULL NAME Mr. Frank P Kimber

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Maude R. Kimber

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

7. Birth date of deceased September (Month) 29 (Day) 1866 (Year)

8. AGE: Years 75 Months 3 Days 19 If less than one day ___ hr. ___ min.

9. Birthplace Linn County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Real Estate Operator

11. Industry or business Lee Bldg. For Self

FATHER
12. Name William T. Kimber
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Susan Traitor
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Alice Manard
(b) Address 3738 Bales Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Abbey

18. (a) Signature of funeral director O.H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 1/19/42 (Date received local registrar) (b) M. M. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18th year 1942 hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from Nov 3, 1941, to Jan 18, 1942
that I last saw him alive on Jan 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Spleen (Probable) — Duration 12 hrs

Due to Splenic Anemia Splenomegaly

Due to Cirrhosis Liver

Other conditions (Include pregnancy within 3 months of death) 124 B'

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

23. Signature [illegible] (M. D. or other)
Address 820 Professional Blvd. Date signed 1/19/42

(Licensed Embalmer's Statement on Reverse Side)

820 Professional Bldg
11-4

JUN 28 1950

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C 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.