

FILED MAR 19 1942

Registration District No. 724

Primary Registration District No. 3133

Registrar's No. 553

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural - Fulton Insdp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 miles west Fulton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles west Fulton
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1942 hour 11:45 minute 45 M.

21. I hereby certify that I attended the deceased from Feb 17
to Feb 17, 1942

that I last saw him alive on Feb 17
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency
Due to Hypertension

Duration
?
Physician

Other conditions 638
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 _____

23. Signature R. G. Hall (M. D. Registrar)
Address Fulton Mo. Date signed 2/18/42

3. (a) PRINT FULL NAME Willie Nelson Kimbell

3. (b) If veteran, name war no (c) Social Security No. no

4. Sex m (1) 5. Color or race w 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 22 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 25 _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Frank A. Kimbell

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Marian Woodard

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Marian Kimbell

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof Feb 19 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rippland Christian Church

18. (a) Signature of funeral director J. H. Blalock

(b) Address Fulton, Missouri

19. (a) Feb 18 42 (b) Jane Masarikoff
(Date received local registrar) (Registrar's signature)

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

14
0
0

1147

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..... *Robert E. White*.....

Licensed Embalmer No. *4168*.....

P. O. Address *Fulton, 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.