

FILED FEB 27 1942
Registration District No. 3008

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County Galloway

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

(c) Name of hospital or institution:
State Hospital no 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. J. M. 29 days
(Specify whether)

In this community 1-7-29
years, months or days

3. (a) PRINT FULL NAME William Kimmey

3. (b) If veteran, name war UNKNOWN

3. (c) Social Security No. UNKNOWN

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife UNKNOWN

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

7. Birth date of deceased: Sept 29 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>4</u>	<u>8</u>	hr. min.

9. Birthplace: Washington Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business SAME

12. Name UNKNOWN 9

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 Mrs Bernice Mitchell

(b) Address Alexandria Mo

17. (a) REMOVAL (b) Date thereof JAN 31 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wayland Missouri

18. (a) Signature of funeral director Leo Wallace

(b) Address Fulton Missouri

19. (a) Jan 31 42 (b) Joan Macintosh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clark 23

(c) City or town rural
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1942 hour 8:15 minute 8:15 M.

21. I hereby certify that I attended the deceased from Jan 1, 1942, to Jan 30, 1942, that I last saw him alive on Jan 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to Hy pertension & arterio sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy _____

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 Forrest Thomas (M. D. or other) 1

Address State Hospital No 1 Date signed 1/30 42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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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 *Owen J. Boyce, Jr.*.....

Licensed Embalmer No. 3940.....

P. O. Address 7406 1/2 St. 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.