

No. 2
-1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

File No. 6692

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 96

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'REILLY GENERAL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 days
(Specify whether years, months or days)
In this community 28 days

3. (a) PRINT FULL NAME KIMBALL, GORDON D.

3. (b) If veteran, name was No
3. (c) Social Security No. 511-01-3223

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased March 15, 1914
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>10</u>	<u>18</u>	hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business Taxicab Business

12. Name Robert T. Kimball

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

14. Maiden name Mary E. Dooley

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

16. (a) Informant Paul R. Kimball, (Brother)

(b) Address 605 N. Walnut, McPherson, Kansas

17. (a) Removal (b) Date thereof Feb. 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McPherson, Kansas

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address 534 St. Louis, Springfield, Mo.

19. (a) 2-4-42 (b) W. E. Hagg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County McPherson
(c) City or town McPherson
(If outside city or town limits, write "RURAL")
(d) Street No. 605 N. Walnut
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd
year 1942 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from January 7, 1942
to February 3, 1942
that I last saw him alive on February 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia, generalized
Duration 28 days
Due to Burns, third degree, severe, upper and lower extremities, bilateral buttocks
Duration 39 days

Other conditions (Include pregnancy within 3 months of death)
(Cleaning machine gun, gasoline ignited).
Major findings: Of operations Not in building.
Of autopsy Confirmation of Diagnoses

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) Accident
(b) Date of occurrence December 27, 1942
(c) Where did injury occur? Will Rogers Field, Oklahoma
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work Yes (Specify type of place) Gasoline Burns
(e) Means of injury

23. Signature W. E. Hagg (M. D. or other)
Address O'Reilly Funeral Home Date signed 2-4-42

W. E. Hagg (Licensed Embalmer's Statement on Reverse Side) Springfield, Mo.

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

19
2
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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 Wayne Hinkle
Licensed Embalmer No. 3444
P. O. Address Springfield

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.

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