S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18387

Registration District No. FILED JUN 18 1942 Primary Registration District No. 3025 Registrar's No. 88

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

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1
2

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: 607 Brown 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL")

(d) Street No. 607 Brown 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JAMES-WALTER-KIMBER

3. (b) If veteran, name war

3. (c) Social Security No. 707-076-369

4. Sex M O

5. Color or race W.

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Myrtle Kimber

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May (Month) 25 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	—	10	hr. min.

9. Birthplace Carroll County - Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Brakeman

11. Industry or business C.B.&Q. R.R. Co

FATHER
12. Name John H. Kimber
13. Birthplace Libertyville Illinois 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Angeline Bailey
15. Birthplace Linn County Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James W. Kimber
(b) Address Brookfield - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery - Brookfield

18. (a) Signature of funeral director Hill Chapel
(b) Address Brookfield

19. (a) 6-6-1942 (Date received local registrar) (b) W. W. Cowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1942 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from 6-3, 1942 to 6-5, 1942 that I last saw him alive on 6-5, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	2 hrs.
Due to: Hypertension -	6 yrs.
Due to: Infected Teeth - Maxillary Sub glands	3 da.
Other conditions 0 (Include pregnancy within 3 months of death)	
Major findings: Of operations 0	
Of autopsy 0	

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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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0 (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? 0 (e) Means of injury 0

23. Signature [signature] (M. D. or other)

Address Brookfield, Mo. Date signed 6/6/42

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(Licensed Embalmer's Statement on Reverse Side)

AUG 1 9 1940

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 J. H. Blacklock, Registered Apprentice No. ..... working under my personal supervision.

Signed J. H. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.