

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24000

State File No. _____

Registration District No. 128

Primary Registration District No. 3009

Registrar's No. 208

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
235 N. Henderson Ave. 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 5 years, months or days

3. (a) PRINT FULL NAME Sidney Johnson Kimbell

3. (b) If veteran, name war _____ 3. (c) Social Security No. 311-03-0499

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

6. (b) Name of husband or wife Mollie May Kimbell 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased September 2 1871
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	10	9	hr. min.

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

10. Usual occupation Insurance Salesman

11. Industry or business Fraternal Ins.

MOTHER FATHER { 12. Name Ben. Kimbell

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

14. Maiden name Martha Thomas Michel

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

16. (a) Informant's own signature Mrs. S. J. Kimbell

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof July 13 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cent. Dexter, Mo.

18. (a) Signature of funeral director L. J. Roman

(b) Address Cape Girardeau, Mo.

19. (a) 7-12-42 (b) F. H. Phelps
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL")
 (d) Street No. 325 N. Henderson Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1942 hour 11⁰⁰ minute 2 M.

21. I hereby certify that I attended the deceased from _____, 19____, to Coroner Case, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration _____

Due to Coronary Sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 948

Major findings: Of operations _____

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 Coroner

23. Signature Dr. J. T. Ligon (M. D. or other) _____

Address Jackson, Mo. Date signed 7/11-42

RECEIVED

NOV 1 1943

District Health Officer No. 4

District File Number 842-102

Date Filed 8-11-42

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 *Howard L. Leman*

Licensed Embalmer No. 4122

P. O. Address *Cape Girardeau, 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, above space should be left blank.