V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1942

Registration District No. 492

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4299

State File No. 27589

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln 58

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

(c) Name of hospital or institution: 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 all of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57

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

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

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

If yes, name country

3. (a) PRINT FULL NAME CLARINDA KIMBERLY

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race W

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ →

6. (b) Name of husband or wife Wm Curtis Kimberly

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased October (Month) 8 (Day) 1897 (Year)

8. AGE: Years 44 Months 9 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charlie Argent
13. Birthplace Lincoln County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Miriah Shuck
15. Birthplace Lincoln County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Wm Kimberly

(b) Address Winfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-42 (Month) (Day) (Year)

(c) Place: burial or cremation Winfield, Mo

18. (a) Signature of funeral director Garlan Ricks

(b) Address Winfield, Mo

19. (a) Aug 1-42 (Date received local registrar) (b) Mrs Susan Dixon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1942 hour 8 minute 30 p. M.

21. I hereby certify that I attended the deceased from 1-5, 1942, to 7-31, 1942 that I last saw her alive on July 31, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Senix

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(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? (Specify type of place)

While at work? (e) Means of injury

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

Address Old Monroe, Mo. Date signed 8-2-42

1155

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.