

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 269

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
207 W. Patterson
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution (Specify whether
In this community _____
years, months or days) 1

3. (a) PRINT FULL NAME Ursa Wimp

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Odella 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased April 9 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 6 6 _____ hr. _____ min.

9. Birthplace Dallas City Ill - 1
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business _____

12. Name Jesse Wimp
13. Birthplace Hancock County Ill - 1
(City, town, or county) (State or foreign country)
14. Maiden name Susan Nolan
15. Birthplace Hancock County Ill - 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. J. Wimp
(b) Address 1315 S. First, Kirkville, Mo.
17. (a) Burial (b) Date thereof 10/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirkville Mo.
18. (a) Signature of funeral director Doris F. H. Harn
(b) Address Kirkville Mo.
19. (a) 10/22/43 (b) Mrs. J. J. Wimp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 1
(c) City or town Kirksville, Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 207 W. Patterson (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th
year 1943 hour 12 minute 02 AM.

21. I hereby certify that I attended the deceased from 1938
_____, 19____, to Oct. 14, 1943

that I last saw him alive on Oct. 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 2 hrs

Due to Arteriosclerotic degeneration of Heart + brain 5 yrs
Due to _____

Other conditions Hypertension 7 yrs
(Include pregnancy within 3 months of death)

Major findings: 92d
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) Means of injury _____

23. Signature George E. Harn (M. D. or other) MD
Address Kirkville, Mo. Date signed 10-19-43

RECEIVED

District Health Officer No. 10

District File Number 11-43-1855

Date Filed NOV 16 1943

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.....

R. J. Piven

Licensed Embalmer No. 1407

P. O. Address.....

Richville, N.

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.