

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Howard,
(b) City or town Fayette,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community yes years, months or days)

3. (a) PRINT FULL NAME John Wesley Kimbrell,

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

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

6. (b) Name of husband or wife Alma p. Kimbrell 6. (c) Age of husband or wife if 21 years
June 29th 1872

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 6 If less than one day hr. min.

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

10. Usual occupation Minister,

11. Industry or business _____

MOTHER FATHER { 12. Name Marion Kimbrell,
13. Birthplace Kentucky, (City, town, or county) (State or foreign country)
14. Maiden name Katherine Powell,
15. Birthplace Kentucky, (City, town, or county) (State or foreign country)

16. (a) Informant Marion Kimbrell,
(b) Address Fayette, Mo.
17. (a) Burial (b) Date thereof 5-9th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Madison, Mo.

18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.

19. (a) 5-8-1944 (b) Conrad W. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Howard, 45
(c) City or town Fayette, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 5 day _____ year 1944 hour 7 minute 15 P.

21. I hereby certify that I attended the deceased from January 1 1942 to 5-5 1944
that I last saw in alive on May 5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Parkinson's Disease Duration 3 yrs +

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. L. Coffman (M. D. or other) M.D.
Address Fayette, Mo. Date signed 5-7-44

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

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

6-14-44

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 Guy T. Hallen

Licensed Embalmer No. 2966

P. O. Address Fayette 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.