

S. No. 2  
1-8-43  
5-17-39  
I X37823

FILED SEP 10 1944  
Registration District No. 244

Primary Registration District No. 3056

State File No. \_\_\_\_\_  
Registrar's No. 180

1. PLACE OF DEATH:  
(a) County Randolph  
(b) City or town Proberly  
(c) Name of hospital or institution Woodlands Hospital  
(d) Length of stay: Three Days  
In this community Three Days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Bone  
(c) City or town Sturgeon  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME LAURA F. KIMBROUGH  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

20. DATE OF DEATH: Month Aug day 24<sup>th</sup> year 1944 hour \_\_\_\_\_ minute 2:25A

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife J. W. Kimbrough 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec-13-1856

21. I hereby certify that I attended the deceased from Aug 21, 1944 to Aug 24, 1944; that I last saw her alive on Aug 23, 11 p.m., 1944; and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 8 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Myocarditis  
Due to arterio sclerosis  
Due to senility

9. Birthplace Manville Mo.  
10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_

Other conditions 93d  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
12. Name Marion Francis Conley  
13. Birthplace Unknown  
14. Maiden name Lyla Jane Colving  
15. Birthplace Unknown

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Will Schoening  
(b) Address Sturgeon Mo  
17. (a) Burial (b) Date thereof Aug 25-44  
(c) Place: burial or cremation Proberly Mo

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Proberly Mo  
(b) Address Proberly Mo  
19. (a) 8-23-44 (b) Irma Havel

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Irma Havel (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 8/25-44

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

78  
6  
3

1030

RECEIVED

District Health Officer No. 10

District File Number 9-44-1565

Date Filed SEP 8 1944

**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. M. Cater*

Licensed Embalmer No. 4117

P. O. Address Mahabury 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.**