. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28623

State File No.

Registration District No. 276 Primary Registration District No. 6019 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural North of Orrick (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no 1 Orrick Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community about 92-yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Rural - 4 miles north of Orrick Mo (If outside city or town limits, write "RURAL")

(d) Street No. — 0 (If rural, give location)

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

If yes, name country no 0

3. (a) PRINT FULL NAME WILLIAM-RIMMER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of husband or wife Wife is Deceased

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

7. Birth date of deceased 3 (Month) 17 (Day) 1849 (Year)

8. AGE: Years 95 Months 4 Days 17 If less than one day hr. min.

9. Birthplace ✓ (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

FATHER
12. Name William J. Rimmer
13. Birthplace ✓ (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Winnie Winkle
15. Birthplace ✓ (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant William J. Rimmer Jr.

(b) Address Orrick Mo. R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-44 (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Church Cemet

18. (a) Signature of funeral director C. V. Gibson

(b) Address Orrick Mo.

19. (a) 8/5/44 (Date received local registrar) (b) Dr. T. F. Simmons (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 8 day 4 year 1944 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from August 1, 1944 to Aug 4, 1944 that I last saw him alive on Aug 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to (Hypostatic)

Due to Fractured Hip

Other conditions arterio-Sclerosis (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.

186a
18

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 089

(b) Date of occurrence Aug 1-1944

(c) Where did injury occur? Home Ray Co. Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury Fell in Home

23. Signature E. E. Jay (M. D. or other)

Address Richmond Mo. Date signed 8-4-44

1228

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-12-94

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 me; Registered Apprentice No. working under my personal supervision.

Signed C.V. Gibson

Licensed Embalmer No. 2299

P. O. Address Orrick 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.