

S. No. 2  
M-8-13  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40682

State File No. \_\_\_\_\_

FILED DEC 26 1944

Registration District No. 72

Primary Registration District No. 1200

Registrar's No. 1275

1. PLACE OF DEATH:  
Buchanan  
(a) County \_\_\_\_\_  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2611 Lafayette Street,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 10 years,  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County Buchanan  
(c) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2611 Lafayette Street,  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jincy Bailey Kimbrell  
3. (b) If veteran, name war None  
3. (c) Social Security No. None  
4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Christopher C. Kimbrell live \_\_\_\_\_ years  
6. (c) Age of husband or wife if \_\_\_\_\_ years  
7. Birth date of deceased April 1st, 1855  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 17th.  
year 1944 hour 12:00 minute 15 a.m.  
21. I hereby certify that I attended the deceased from Dec 18, 1944, to Dec 19, 1944,  
that I last saw her alive on Dec 19, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
89 8 16 hr. min.

Immediate cause of death Cerebral Hemorrhage  
Due to Arterio Sclerosis  
Due to Common Cold  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations now Of autopsy now

9. Birthplace Andrew County, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home  
11. Industry or business \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
2 days  
do not know

MOTHER FATHER  
12. Name John Bailey,  
13. Birthplace Unknown, Virginia,  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Brown,  
15. Birthplace Unknown, Tennessee  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. Marguerite Breuninger  
(b) Address 2611 Lafayette Street,  
17. (a) Burial (b) Date thereof 12/19/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation High Ridge Cemetery  
18. (a) Signature of funeral director Gordon Wright  
(b) Address 319 So. 10th Street,  
19. (a) 1-19-44 (b) Robert P. Beller  
(Date received local registrar) (Registrar's signature)

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 D  
23. Signature Gordon Wright M.D. (M. D. or other)  
Address 845 So. 19th St. Saint Joseph, Mo. Date signed 12/18/44

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

845 J. O. 1948

AUG 5 1948

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 Frank A. Conway  
Licensed Embalmer No. 1710  
P. O. Address St. Joseph 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.