

1. PLACE OF DEATH:

(a) County DUNKLIN

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

(c) Name of hospital or institution:
505 E. Laclede
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 50 years
years, months or days)

3. (a) PRINT FULL NAME ELLEN M. Kimes

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife deceased

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

7. Birth date of deceased Sept. 12, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 2 27 — hr. — min.

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

10. Usual occupation House wife

11. Industry or business None

MOTHER FATHER

12. Name John H. Daniels

13. Birthplace UNKNOWN — —
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN — —
(City, town, or county) (State or foreign country)

16. (a) Informant OSCAR HATCHCRAFT

(b) Address MAIDEN, Mo.

17. (a) BURIAL (b) Date thereof — (Month) (Day) (Year)

(c) Place: burial or cremation MAIDEN, Mo.

18. (a) Signature of funeral director DAY FUNERAL HOME

(b) Address MAIDEN, Mo.

19. (a) 12-12-44 (b) W. Deeder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DUNKLIN

(c) City or town MAIDEN
(If outside city or town limits, write "RURAL")

(d) Street No. 505 E. Laclede
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day Fri 9th
year 1944 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 18
1944 to Dec 9 1944
that I last saw alive on Dec 6 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Duration 1 yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: Hip
Of operations _____

Of autopsy _____

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. J. Rutledge (M. D. or other) MD
Address Campbell, Mo Date signed 12/10/44

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

RECEIVED

District Health Office No. 2,

District File Number 45-50

Date Filed 1-16-45

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

J. W. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.