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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 31 1945

Registration District No. 1

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17123

State File No.

Primary Registration District No. 5568

Registrar's No. 114

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

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: ~~Independence~~ Rural Blue Ju

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

(c) Name of hospital or institution: 1315 W 29th Terrace

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community: 41 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: ~~Independence~~ Rural

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

(d) Street No.: 1315 West 29th Terrace

(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Nina Mildred Kimball

3. (b) If veteran, name war: none

3. (c) Social Security No. .....

4. Sex: Female

5. Color or race: white

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

6. (b) Name of husband or wife: Wayne Kimball

6. (c) Age of husband or wife if alive: 42 years

7. Birth date of deceased: June (Month) 16 (Day) 1903 (Year)

8. AGE: Years 41 | Months 10 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace: Panama (City, town, or county) Kansas (State or foreign country)

10. Usual occupation .....

11. Industry or business: Remington Arms Co

MOTHER FATHER

12. Name: William J Bledsoe

13. Birthplace: Illinois (City, town, or county) (State or foreign country)

14. Maiden name: Laura F. Barnes

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Wayne Kimball

(b) Address: 1315 W 29th Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5 (Month) 4 (Day) 1945 (Year)

(c) Place: burial or cremation: Mt. Washington

18. (a) Signature of funeral director: Geo. C. Carson Funeral Home

(b) Address: Independence Missouri

19. (a) 5-4-1945 (Date received local registrar) (b) James W Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1945 hour 7 minute ..... A.M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...

that I last saw her alive on Apr 29 1945

and that death occurred on the date and hour stated above.

Immediate cause of death: Mesenteric thrombosis — Duration: 3 days

Due to: ?

Due to: 1/29 W

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

Major findings: Of operations: Operated 3 mos previously Chron appendicitis, Adenopathy, double Numerous abdom. adhesions. Rectum Of autopsy: Abt. 30 in. blackened bowel found & adhesiolysis

PHYSICIAN

Underline the cause to which death is chargeable.

22. If death was due to external causes, fill in the following: no

(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: J. N. Hill M.D. (M. D. or other)

Address: 1438 Hedges Independence Date signed: 4-29-45

Hospital treatment advised two days prior to death

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1946

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 George C. Carson

Licensed Embalmer No. 2249

P. O. Address Independence 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.