S. No. 2
M—8-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24345

FILED JUL 18 1945

Registration District No. 7 Primary Registration District No. 5632 Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE

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

(c) Name of hospital or institution:
LEBANON BROWNFIELD RT. 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 53

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. BROWNFIELD RT. LEBANON 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JAMES ELMER WIMBERLEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife

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

7. Birth date of deceased APR (Month) 9 (Day) 1945 (Year)

8. AGE: Years	Months	Days	If less than one day
	2	5	hr. min.

9. Birthplace LACLEDE CO (City, town, or county) MO (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name LOYD WIMBERLEY
13. Birthplace COMPETITION (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name VONETTA LOWRANCE
15. Birthplace HARTVILLE (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Cenny McClure
(b) Address LEBANON BROWNFIELD RT. MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation CROSS ROADS CEM

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO

19. (a) 6-30-45 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 14
year 1945 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h. alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

107

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. Palmer (Coroner) (M.D. or other)
Address LEBANON MO Date signed 6/13/45

1190 (Licensed Embalmer's Statement on Reverse Side)

Received .....

Laclede County Health Unit

File No. 6-45-76

Date Filed JUL 12 1945

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 C Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon

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.