No. 2
—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED MAR 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4644

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 246

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St Josephs hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bodaway 74

(c) City or town Maryville 8
(If outside city or town limits, write "RURAL")

(d) Street No. 315 W Walsey 1
(If rural, give location) 2

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME ANNA KIMPLE

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex F 1

5. Color or race Wh

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. 14 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	5	11	hr. min.

9. Birthplace Andrew Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business

FATHER
12. Name John Kimple
13. Birthplace — Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Saunders
15. Birthplace — Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Benton Van Horn
(b) Address Savannah Mo

17. (a) ~~9-27-1944~~ (Burial, cremation, or removal) (b) Date thereof 2-28-1946
(Month) (Day) (Year)

(c) Place: burial or cremation St Patricks Cemetery

18. (a) Signature of funeral director Price Funeral home
(b) Address Maryville Mo

19. (a) March 1-46 (Date received local registrar) (b) H J Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 25
year 1946 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 8-4-29
2.25.46, 19 to 2.25.46, 19;
that I last saw her alive on 2.25.46, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Pulmonary~~ ~~Embolism~~	15 min
Due to ~~Chronic rheumatic~~ Endocarditis	10 yrs
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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 J H Reavy (M. D. or other) M.D.
Address 2.25.46 St Joseph Mo Date signed 2/25/46

(Licensed Embalmer's Statement on Reverse Side)

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APR 1 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 W L Gee

Licensed Embalmer No. 2539

P. O. Address Maryville 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.