

S. No. 2  
 OM-5-43  
 v. 5-17-39  
 I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **693**

FILED FEB 10 1947  
 Registration District No. **189**

Primary Registration District No. **4180**

Registrar's No. **2**

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

**1. PLACE OF DEATH:**  
 (a) County Dunklin  
 (b) City or town Campbell  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home  
(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)

**3. (a) PRINT FULL NAME** Delbert Wyman Kimbrough  
**3. (b) If veteran,** name war — **3. (c) Social Security** No. —

**4. Sex** Male **5. Color or race** White **6. (a) Single, widowed, married,** Divorced **6. (b) Name of husband or wife** Infant  
**6. (c) Age of husband or wife if** — **7. Birth date of deceased** January 6 1947  
(Month) (Day) (Year)

**8. AGE:** Years — Months — Days 3 **If less than one day** — hr. — min.

**9. Birthplace** Campbell, Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Infant

**11. Industry or business** —

**12. Name** Odell Kimbrough  
**13. Birthplace** Manila, Arkansas  
(City, town, or county) (State or foreign country)

**14. Maiden name** Melba J. (Netta)  
**15. Birthplace** Campbell, Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Odell Kimbrough  
**(b) Address** Campbell, Mo.

**17. (a) Burial, cremation, or removal** Not Buried **(b) Date thereof** 1-9-47  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** Not Buried

**18. (a) Signature of funeral director** Friends  
**(b) Address** —

**19. (a) Date received local registrar** 1/21/47 **(b) Registrar's signature** Mrs. Beulah Campbell

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Dunklin  
 (c) City or town Campbell  
(If outside city or town limits, write "RURAL")  
 (d) Street No. —  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country —

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month January day 9  
 year 1947 hour — minute 9:30 A.M.

**21. I hereby certify that I attended the deceased from** Jan 6 1947 **to** Jan 9 1947  
 that I last saw him alive on Jan 5 1947  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Pre-natal heart condition  
 Due to —  
 Due to —  
 Other conditions —  
(Include pregnancy within 3 months of death)

**Major findings:** 157E  
**Of operations** —  
**Of autopsy** —

**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? —

**23. Signature** W. J. Rutledge **(M. D. or other)** MD  
**Address** Campbell, Mo. **Date signed** 1/21/47

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RECEIVED

District Health Office No.

District File Number 147-163

Date Filed 1-30-47

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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.

*(Not Embalmed)*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**