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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 27 1947**  
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1175  
Registrar's No. 178

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
In Bus at Denver and St. John Aves.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no (Specify whether  
In this community 2 yrs.  
years, months or days)

3. (a) PRINT FULL NAME Dorria W. Kimmis  
3. (b) If veteran, name war No 3. (c) Social Security No. 487-02-1345

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.  
6. (b) Name of husband or wife Jennie Hood Kimmis 6. (c) Age of husband or wife if alive Dec. years  
7. Birth date of deceased 3/26/1882  
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 17 If less than one day  
hr. min.

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

10. Usual occupation Laborer

11. Industry or business Peppard Seed Co.

12. Name John Kimmis

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

14. Maiden name Gertrude Jones

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

16. (a) Informant Clayton Kimmis

(b) Address 415 No Wheeling

17. (a) Removal (b) Date thereof 1-14-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling Mo.

18. (a) Signature of funeral director Eads Bros

(b) Address 1416 Winn Ave.

19. (a) 1-14-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 415 No Wheeling  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13  
year 1947 hour 7 minute 05 A. M.

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

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and in the place stated above.

Immediate cause of death Reputy Coroner  
Acute Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy History & Inspection

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of job)  
Cause of injury \_\_\_\_\_

23. Signature A. E. Wisher (M. D. or other) \_\_\_\_\_

Address 2800 Main Date signed 1/13/47

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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.

Signed.....

*John P. Shield*

Licensed Embalmer No. *3625*

P. O. Address. *H. G. 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.**