

Registration District No. **107**

Primary Registration District No. **3019**

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

**1. PLACE OF DEATH:**

(a) County Dunklin

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Dunklin <sup>35</sup>

(c) City or town Hammersville, Mo <sup>3</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural <sup>1</sup>  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Leonard E. Jimin

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. Mo

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month 3 day 4  
year 1947 hour 12 minute 22 P.M.

21. I hereby certify that I attended the deceased from 2-14-47 19\_\_ to 3-4 1947  
that I last saw him alive on 3-4 1947  
and that death occurred on the date and hour stated above.

4. Sex M U 5. Color or race W

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

6. (b) Name of husband or wife Willie Jimin

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct 7 1879  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of stomach with metastasis to liver

Due to lung

Due to Senility

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

**8. AGE:** Years 67 Months 4 Days 24  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired

11. Industry or business Farmer

12. Name B. F. Jimin

13. Birthplace Unknown Mo U  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant A. W. Jimin

(b) Address Hammersville Mo

17. (a) Burial (b) Date thereof 3-5-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hammersville Cem.

18. (a) Signature of funeral director Frank Leonard Home

(b) Address Kennett Mo

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury U

23. Signature J. P. Trancee (M. D. or other) \_\_\_\_\_

Address Kennett Mo Date signed 3-12-47

**RECEIVED**

District Health Office No. 2,  
District No. 21

District File Number 341-386

Date Filed 3-20-47

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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 Walter A. Hawkins  
Licensed Embalmer No. 2002  
P. O. Address, Kennett 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.