

S. No. 2
M-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12315
Registrar's No. 105

Registration District No. 1

Primary Registration District No. 3000

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Community Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 7 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Knox 52
(c) City or town Novelty, Missouri. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Arthur Kimbley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Carrie F. Poor 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased July - 31 - 1871
(Month) (Day) (Year)

8. AGE: 75 Years Months 8 Days 4
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Benjiman F. Kimbley
13. Birthplace Liberty Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Martha Potter
15. Birthplace Liberty Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant N. K. Hasfield
(b) Address Edina, Missouri.

17. (a) Burial (b) Date thereof April-9-1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Novelty, Mo.

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Mo.

19. (a) 4-11-47 (b) Nate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1947 hour 11 minute 05 P. M.
21. I hereby certify that I attended the deceased from March 31
1947 to April 5 1947
that I last saw him alive on April 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Transition 2 days
Due to pseudobulbar palsy 3 days
Due to chronic paralysis agitans years

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____
Of operations gpc
Of autopsy _____
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 2

23. Signature M. T. Lutenscher (or other) 00
Address Kirksville, Mo. Date signed 4-6-47

VS AUG 11 1959

RECEIVED
District Health Officer No. 4-47-6
Date APR 17 1947

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 Leith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.