

FILED APR 13 1947

Registration District No. **337**

Primary Registration District No. **4499**

Registrar's No. **30**

1. PLACE OF DEATH:

(a) County Shelby
 (b) City or town Shelbina, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether years, months or days)
 In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
 (c) City or town Shelbina, Missouri
 (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 _____

3. (a) PRINT FULL NAME

Kate Oldham Kimbel

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Wilson Kimbel 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased 3 19 1877
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>11</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name John T. Francis

13. Birthplace Lewis County, Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Mary E. Maddox

15. Birthplace Monroe County, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Waymond Kimbel

(b) Address Shelbina, Missouri

17. (a) Burial (b) Date thereof 3-20-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina Mo.

18. (a) Signature of funeral director Million & Berkeley

(b) Address Shelbina, Missouri

19. (a) April 2-47 (b) Rueh Jaynes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
 year 1947 hour 12: minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar. 16
 1947, to Mar. 16, 1947;
 that I last saw hEY alive on Mar 16, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 10 min.

Due to _____
 Due to _____

Other conditions 94 B
 (Include pregnancy within 3 months of death)

Major findings: 94 B PHYSICIAN _____
 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?
 _____ (Specify type of place)

While at work? _____ (e) Means of injury 2

23. Signature R. L. Caldwell, D.O. (M.D. or other) _____
 Address Shelbina, Mo. Date signed Mar 23/47

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

22
2
0

102
2
0
0

36

APR 17 1947

RECEIVED
District Health Officer No. 10
District File Number 447-26
Date APR-15-1947

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.....

James H. Lewis

Registered Apprentice No. *443*

working under my personal supervision.

Signed *Henry A. Barkelaud*

Licensed Embalmer No. *3835*

P.O. Address *Helena - 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.

of 2-21-47