. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 10 1947
Registration District No. 17

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27155
Primary Registration District No. 3016
Registrar's No. 186

1. PLACE OF DEATH:

(a) County Cole Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1126 West High St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1126 West High St. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Frank Elbert Kimball
3. (b) If veteran, name war no
3. (c) Social Security No. 490-09-4766
4. Sex Male 0
5. Color or race white 1
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mayme Jochens
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Dec. 28, 1895 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	7	26	hr. min.

9. Birthplace Tebbetts, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Printer
11. Industry or business .....
FATHER
12. Name Albert Kimball
13. Birthplace N.Y. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lilly R. Day
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Mayme Kimball
(b) Address Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cemetery
18. (a) Signature of funeral director Victor Buescher
(b) Address Jefferson City, Mo.
19. (a) 8-26-47 (Date received local registrar) (b) R. C. Dorris M.D. N.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th
year 1947 hour 7 minute 05 P M.
21. I hereby certify that I attended the deceased from August 4, 1947 to August 24, 1947
that I last saw him alive on August 23, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Barcinoma spinal cord	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN
Underline the cause of 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 0
23. Signature J. G. Bruce (M. D. or other) MD
Address Jefferson City Mo. Date signed Aug 26/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9-8-47

SEP 17 1947

SEP 10 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 Alvin E. Trentzel, Registered Apprentice No. 80, working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City M

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.