

No. 2
-12-45
5-17-39
PI X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28466**
Registrar's No. **35**

FILED SEP 15 1947
Registration District No. **23**

Primary Registration District No. **4364**

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

1. PLACE OF DEATH:
 (a) County NEWTON
 (b) City or town STELLA
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
CARDWELL 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

3. (a) PRINT FULL NAME BEULAH KIMBALL
 3. (b) If veteran, name war NONE
 3. (c) Social Security No. 513-10-8567

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife IVAN KIMBALL
 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased April 23 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 3 22 _____ hr. _____ min.

9. Birthplace GALENA KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation WAITRESS

11. Industry or business RESTAURANT

12. Name WILLIAM RAKESTRAW

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

14. Maiden name UNKNOWN

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

16. (a) Informant Ivan Kimball

(b) Address 409 E. 12th Joplin Mo.

17. (a) REMOVAL (Burial, cremation, or removal) **(b) Date thereof** 8-18-1947
(Month) (Day) (Year)
 (c) Place: burial or cremation GALENA KANSAS

18. (a) Signature of funeral director Corey Thompson
 (b) Address West Mo

19. (a) 8-24-1947 (Date received local registrar) **(b) Alpha Dyer** (Registrar's signature) 31

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JASPER
 (c) City or town JOPLIN
(If outside city or town limits, write "RURAL")
 (d) Street No. 408 E. 12th ST.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 15
 year 1947 hour 10:30 minute 2 A.M.

21. I hereby certify that I attended the deceased from Aug -
1 - 1947, to Aug - 15 - 1947
 that I last saw her alive on Aug - 15 - 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
 Duration (?)

Due to _____
 Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

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) (a) Means of injury _____

23. Signature Alpha Dyer (M. D. or other) 0
 Address Stella Mo Date signed 8/17/47

RECEIVED

District Health Officer No. _____
District File Number 947-173
Date Filed 9-9-47

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 Corley Thompson
Licensed Embalmer No. 3257
P. O. Address Neosho 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.