S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10641

FILED NOV 26 1947

Registration District No. 327 | Primary Registration District No. 4499 | Registrar's No. 109

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: Thompson & Thurman Hospitle (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Months Hospt (Specify whether)
In this community: 2 months (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ralls 87
(c) City or town: Rural 0 (If outside city or town limits, write "RURAL")
(d) Street No.: Monroe City #2 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country: XXXXX

3. (a) PRINT FULL NAME: John B Kimes
3. (b) If veteran, name war: XXXXXX
3. (c) Social Security No.: XXXXXXXX
4. Sex: male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Anna H.
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: May 11th (Month) 1881 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	6	2	hr. min.

9. Birthplace: Howell, Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Lafayett Kimes
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sara Asby
15. Birthplace: Tenn. (City, town, or country) (State or foreign country)
16. (a) Informant: Paul R. Kimes
(b) Address: 9542 Bucayne Blvd. Dallas, Tex.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation: DeMoss Chapel Ralls Co
18. (a) Signature of funeral director: Wilson & Sons
(b) Address: Monroe City, Mo.
19. (a) Nov 13-47 (Date received local registrar) (b) Ruth Jasper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13 year 1947 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from SEPT. 1 1947 to NOV. 13 1947; that I last saw h. 17 alive on 11-17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: Cardiac angiomas	
Of autopsy: yes	

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
23. Signature: W. L. Thurman (M. D. or other) DO
Address: SHELBINA Date signed 11-17-47

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

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

DEC 17 1947

RECEIVED
District Health Officer No. 10
District File Number 11-47-1616
Date Filed NOV 24 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 me ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.