No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 20 1948

Registration District No. 249

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1286

Registrar's No. 52

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital ~~or institution~~: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~: 7 days (Specify whether years, months or days)
In this community: 30 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 3225 E. 60 St. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: - - - - -

3. (a) PRINT FULL NAME: John Rimmer
3. (b) If veteran, name war: No
3. (c) Social Security No.: 486-03-4250
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MRS. IDELLA RIMMER
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: APRIL (Month) 21 (Day) 1886 (Year)

8. AGE: Years 61 | Months 8 | Days 11 | If less than one day ....hr. ....min.

9. Birthplace: NEVADA (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: STATIONARY FIREMAN
11. Industry or business: BLISS SYRUP COMPANY
FATHER
12. Name: JASPER RIMMER
13. Birthplace: NEVADA (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name: MARY ANN BEASON
15. Birthplace: NEVADA (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: Mrs John Rimmer
(b) Address: 3225 E. 60th St
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JAN 5 1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: FLORAL HILLS CEM.
18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD
19. (a) 1-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2 year 1948 hour 6 minute 35 A.M.
21. I hereby certify that I attended the deceased from Dec. 26, 1947 to Jan. 2, 1948 that I last saw him alive on Jan. 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of liver with bleeding varicosities of cardia and hydrothorax and peritoneum	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: See above	

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. W. Hart (M. D. or other) MA
Address: Med. Dir. Gen'l Hosp. Date signed: 1-2-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Bernard L Horan

Licensed Embalmer No. 4750

P. O. Address MC 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.