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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4525

Primary Registration District No. 2000

Registrar's No. 150

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1063 E. Commercial 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Nancy Clay Kimmons
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 14 (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business Infant
FATHER
12. Name Odis C. Kimmons
13. Birthplace Glidewell (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Effie Haden
15. Birthplace Greene County, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Odis C. Kimmons
(b) Address 1063 E. Commercial
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director J.W.Klingner & Co.
(b) Address Springfield, Missouri
19. (a) 2-17-48 (Date received local registrar) (b) W E Handley M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15
year 1948 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from 2-14-48, 19..., to 2-15-48, 19...;
that I last saw her alive on 2-14-48, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypoglycemia	
Due to Maternal diabetes mellitus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 61	
Of autopsy	

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 pl[redacted] (Specify type of place)
[redacted]? Means of injury 0

23. [redacted] E J Schwartz (M. D. ~~or other~~)
Address 420 Med Arts Bldg Springfield Date signed 2-16-48

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 Max L Rhodes

Licensed Embalmer No. 407

P. O. Address Spring Field

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.