No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16403

Registrar's No. 2067

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 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 hours (Specify whether years, months or days)
In this community: 2 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State: Ohio (b) County: Montgomery 999
(c) City or town: Brookville (If outside city or town limits, write "RURAL") 33
(d) Street No.: 409 Western Ave (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 21
If yes, name country:

3. (a) PRINT FULL NAME: Esther Kimmel
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: January (Month) 17 (Day) 1898 (Year)

8. AGE: Years 50 | Months 3 | Days 28 | If less than one day: hr. min.

9. Birthplace: Darke County (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: John Kimmel
13. Birthplace: Montgomery County (City, town, or county) Ohio (State or foreign country)
14. Maiden name: Catherine Wenrick
15. Birthplace: Darke County (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Oren Kimmel
(b) Address: Brookville Ohio
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Brookville Ohio
18. (a) Signature of funeral director: France-Wornall Funeral Home
(b) Address: 7406 Wornall Rd K.C. Mo.
19. (a) 5-15-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15-48 year 1948 hour 10.03 minute a M.
21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Crushed chest	
Due to: Multiple bruises & contusions	
Due to:	
Other conditions (Include pregnancy within 3 months of death): (Auto & Bus)	
Major findings: Of operations: 1 10 C.S. 2	
Of autopsy: no Discovery & Inspection	

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): accident 1 2 3
(b) Date of occurrence: 5-15-48
(c) Where did injury occur? KC (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place) While at work? no (e) Means of injury: Auto Trauma
23. Signature: James C Walker (M. D. or other) Coroner
Address: 1424 Pro Ath Date signed: 5-15-48

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 C. Dean Cole, Registered Apprentice No. 408 working under my personal supervision.

Signed Russell N. Franc

Licensed Embalmer No. 4255

P. O. Address K. C. 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.