

No. 2
12-45
17-39

State File No.

FILED JUN 4 1948

Registration District No. 273

Primary Registration District No. 3047

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Neosho, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sales Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days 12 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Fairview, Mo. R#
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Norman Adolphus Kimbrough

3. (b) If veteran, _____ (c) Social Security name war _____ No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie Kimbrough 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased September 23 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name James D. Kimbrough

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

14. Maiden name Nanvilla Stipp

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

16. (a) Informant James A. Kimbrough

(b) Address Fairview, Mo.

17. (a) Burial (b) Date thereof 5-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dice Cemetary

18. (a) Signature of funeral director W. M. Manu Boye

(b) Address Wheaton, Mo.

19. MAY 27, 1948 (b) Melvin C. Bonman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1948 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 7 1948 to May 19 1948
that I last saw him alive on May 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus

Due to Coronary occlusion

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) (e) Means of injury _____

23. Signature M. Carter (M.D. or other) _____

Address Neosho, Mo. Date signed May 27, 1948

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

MOTHER FATHER

73
0
0
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SEP 13 1948

OCT 19 1948

RECEIVED

District Health Officer No. Newton
District File Number 648-310
Date Filed 6-3-48

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

Wm. Mann Payne

Licensed Embalmer No.

34822

P. O. Address

Wheaton, 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.