

FILED JUL 10 1948

State File No.

Registration District No. 11

Primary Registration District No. 3012

Registrar's No. 99

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Excelsior Springs
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Z Alpha-Janie Rimmer

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

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

(b) Name of husband or wife Dallas Rimmer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 27 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 9 hr. min.

9. Birthplace Ray County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name P.P. Woods

13. Birthplace Ray County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Brown

15. Birthplace Ray County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Dallas Rimmer

(b) Address Excelsior Springs Mo.

17. (a) Burial (b) Date thereof 6-8-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Odell Cemetery

18. (a) Signature of funeral director Thomson Carter
(b) Address Richmond Mo.

19. (a) 6/8/48 (b) Barlene Hutchings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
year 1948 hour 12:45 minute _____ P. M.

I hereby certify that I attended the deceased from June 5 - 48 to June 6 - 48
that I last saw him alive on June 6 - 48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) arterio-sclerosis
Diabetes Mellitus
Major findings of operations _____
Of autopsy lc

PHYSICIAN
Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. B. Stephens (M. D. or other) 20
Address Richmond Date signed 6/7/48

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

MOTHER, FATHER

District Health Officer No. 8.

District File Number _____

Date Filed 2-9-48

MS APR 28 1959

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 Thomas J. Carter
Licensed Embalmer No. 4474
P. O. Address Richmond, Va

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.