

No. 300
10-47
5-17-39
P I 3906

FILED AUG 26 1948
Registration District No. 1002

Primary Registration District No. 1002

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:
TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 DAYS
(Specify whether years, months or days) 2 WKS.

2. USUAL RESIDENCE OF DECEASED:

(a) State WASHINGTON (b) County Whitman

(c) City or town PULLMAN
(If outside city or town limits, write "RURAL")

(d) Street No. 1213 MAIDEN LANE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3: (a) PRINT FULL NAME MR. HERBERT KIMBROUGH

3. (b) If veteran, name war unk.

3. (c) Social Security No. unk.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Mrs. Loretta Kimbrough

6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased June 13 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 2
If less than one day hr. min.

9. Birthplace Cort Hope Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Vice Pres. Emeritus Wash. State College

11. Industry or business Wash. State College

12. Name Thomas Kimbrough

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

14. Maiden name Rebecca Kimbrough

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

16. (a) Informant Mrs. Loretta Kimbrough

(b) Address 1213 Maiden Lane Pullman

17. (a) Removal (b) Date thereof Aug 6, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pullman Washington

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brushy Fork, Phil

19. (a) 8-6-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 4
year 1948 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from 23 July 1948 to 4 Aug 1948
that I last saw h. alive on 8-4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 12 da.

Due to _____

Due to _____

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

Major findings: 7/12

Of operations _____

Of autopsy _____

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 D. M. Myers (M. D. or other) M.D.
Address 1025 North Bldg Date signed 4/2 Aug 48

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

8
3
8

*Prints Body
in at mark.*

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 *Robert Ray*

Licensed Embalmer No. *4182*

P. O. Address. *Kansas City, 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.