

FILED NOV 4 1948

State File No. \_\_\_\_\_

Registration District No. 199

Primary Registration District No. 100.2

Registrar's No. 4126

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: RESEARCH HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)  
In this community 2 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE  
(c) City or town MAYVIEW  
(If outside city or town limits, write "RURAL")  
(d) Street No. RT. 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. DEMMATERSA KIMBROUGH

3. (b) If veteran, name war No  
3. (c) Social Security No. NONE

4. Sex FEMALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MR. ROCH LEE KIMBROUGH  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased MAY 5 1915  
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 5  
If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name CHARLES R. ANDERSON

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

14. Maiden name ELIZABETH MATTHEWS  
15. Birthplace HIGGINSVILLE MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MR. ROCH LEE KIMBROUGH

(b) Address R.R. #1, MAYVIEW MISSOURI

17. (a) BURIAL (b) Date thereof OCT. 13 1948  
(Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation DAKCROVE CEMETERY  
6 MI. SO. OF HIGHWAY 440 - on #13

18. (a) Signature of funeral director G.W. Haycomer, Jr.

(b) Address 1401 Birch Creek Blvd

19. (a) 10-11-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 10<sup>TH</sup>  
year 1948 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from  
Oct 9 1948 to Oct 10 1948  
that I last saw her alive on Oct 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis  
Coronary Arteriosclerosis  
Angina Pectoris  
Due to 48 hours  
3 yrs?

Other conditions (Include pregnancy within 3 months of death)

Major findings: None  
Of operations  
Of autopsy Refused

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? Carl R. Ferris  
(Specify type of place) (e) Means of injury  
23. Signature Carl R. Ferris (M. D. or other)  
Address 934 1/2 94th St  
Date signed Oct 11, 1948

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

1-5  
1934  
George  
reedy

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**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..... *Edward M. Storey* .....

Licensed Embalmer No. *4452* .....

P. O. Address... *K. C. 4 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.**