

FILED JAN 15 1949
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson

(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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months
(Specify whether years, months or days) 45 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3812 Central Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MRS. MAUDE B. KIMBALL

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1948 hour 6-PM minute _____ M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Granville A. Kimball 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Jan. 6, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 30, 1948, to Dec 24, 1948
that I last saw her alive on Dec 14, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

79 11 18 _____ hr. _____ min.

Immediate cause of death Decubitus Ulcer - 40 days
+ Myocardial degeneration - 3 years
also Acute Gastric - years

Due to Fracture hip 2 mo

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

Due to Dr. H. Lewis Hess in charge at St. Joseph Hospital

Other conditions St. Joseph Hospital
(Include pregnancy within 3 months of death)

10. Usual occupation At Home

11. Industry or business _____

12. Name C. E. Buhre

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

14. Maiden name Lois Scripter

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

Major findings: 18100
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Donald Maxwell

(b) Address 1035 Frazier St. Topeka, Kansas

17. (a) Cremation (b) Date thereof 12-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 12-26-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 10-15-48

(c) Where did injury occur? K.C. Jackson, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? no (Specify type of place) (e) Means of injury fall

23. Signature Herbert Tutthill Herbert Tutthill
(M. D. or other) (Date signed) Dec 28-48

Address 1211 Rialto Bldg

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 *Willis H. Bennett*
Licensed Embalmer No. *4438*
P. O. Address *H. 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.