

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1575

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give town) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give town) JOPLIN	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location) 2102 GRAND	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN'S 0			

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR G. KIMMEL b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 1-22-49		
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5. SEX Male C	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7	8. DATE OF BIRTH July 26, 1886	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 5 Days 26	IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (State or foreign country) Oronogo, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME SAMUEL KIMMEL	13b. MOTHER'S MAIDEN NAME ESTHER WHEELER	14. NAME OF HUSBAND OR WIFE DOROTHY F.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS DAISY KIMMEL, 2102 Grand, Joplin, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage		INTERVAL BETWEEN ONSET AND DEATH Days 3318
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Total Paralysis. Spasms left side		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1946, to Jan 22, 1949 that I last saw the deceased alive on Jan 22, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Daisy E. Thompson, M.D.	23b. ADDRESS 708 J. J. Bldg	23c. DATE SIGNED 1-24-49
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-25-49	24c. NAME OF CEMETERY OR CREMATORY Carl Junction	24d. LOCATION (City, town, or county) (State) Carl Junction, Mo
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DATE REC'D BY LOCAL REG. 1-24-49	REGISTRAR'S SIGNATURE Edw. James	138	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PARKER-HUNSAKER MORTUARY, JOPLIN, MO
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Licensed Embalmer's Statement on Reverse Side
L. H. Dolan, Embalmer, D.C.

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

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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.....

Student Embalmer No.

working under my personal supervision.

Signed F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin, 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.