

STANDARD CERTIFICATE OF DEATH

State File No. 4901

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:
1112 West 40th St.,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X (Specify whether
 years, months or days)
 In this community Unknown,

3. (a) PRINT FULL NAME Horace Sherman Kimbrell, 5163. (b) If veteran, name war No 3. (c) Social Security No. X4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Octavia B. Kimbrell, 6. (c) Age of husband or wife if alive Unknown years7. Birth date of deceased March 9 1866
(Month) (Day) (Year)8. AGE: Years 73 Months 9 Days 17 If less than one day hr. min.9. Birthplace Kentucky,
(City, town, or county) (State or foreign country)10. Usual occupation Lawyer,11. Industry or business Law,12. Name Marion B. Kimbrell,13. Birthplace Kentucky,
(City, town, or county) (State or foreign country)14. Maiden name Kate Griffiths,15. Birthplace Ohio
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Horace W. Kimbrell,(b) Address 1112 West 40th St., Kansas City,17. (a) Burial (b) Date thereof 12-28-39
(Burial, cremation or other) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Moriah Cemetery18. (a) Signature of funeral director Stine & Mc Clure,(b) Address 3235 Gillham Plaza, K. C., Mo.
Dec. 28, 193919. (a) (Date received local registrar) (b) M. M. O'Connell
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
Kansas City,
 (c) City or town (If outside city or town limits, write "RURAL")
1112 West 40th Street,
 (d) Street No. (If rural, give location)
 (e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th
year 1939 hour 4:00 P minute P. M.21. I hereby certify that Horace Sherman Kimbrell deceased from
 that last saw him alive on _____, 19____, to _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____ Duration _____

Acute pulmonary congestion
Chronic myocardial infarction
Coronary sclerosis
 Other conditions 946
 (Include pregnancy within 3 months of death)

Major findings:
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 on or about home, on farm, in industrial place, in public place? U

While at work? _____ (Specify type of place)

23. Signature K. C. Mo (M. D. or other)

Address _____ Date signed _____

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

[Handwritten Signature]

Licensed Embalmer No. 1415

P. O. Address K. 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, above space should be left blank.