

## STANDARD CERTIFICATE OF DEATH

State File No.

42492

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  
In this community Unknown, years, months or days)

3. (a) PRINT FULL NAME Horace Sherman Kimbrell, 5163. (b) If veteran, name war No 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Octavia B. Kimbrell, 6. (c) Age of husband or wife if alive Unknown years  
7. 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, etc.) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Moriah Cemetery18. (a) Signature of funeral director Stine & McClure,  
(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")  
(d) Street No. 1112 West 40th Street, (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 Marion B. Kimbrell deceased from  
that last saw him alive on Dec. 26, 1939, to Dec. 26, 1939;  
and that he died on the date and hour stated above. Duration  
Immediate cause of death

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

Major findings:  
Of operations  
Of autopsy  
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?  
While at work? (Specify place of injury) Means of injury

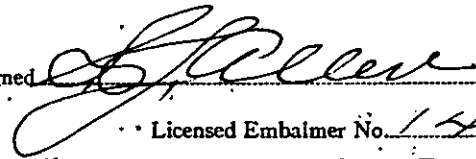
23. Signature K. C. Mo (M. D. or other)  
Address Date signed

**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



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.**