

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUN 16 1941

Registration District No. 247

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Clinton Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ (Specify whether _____)
 years, months or days

3. (a) PRINT FULL NAME Richard Spalding Kimball
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Myrtle E Kimball 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 12 1879
 (Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Nashua N.H. (City, town, or county) (State or foreign country)

10. Usual occupation merchant

11. Industry or business _____

12. Name John E Kimball
 18. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Betsy E
 15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Fred Kingston
 (b) Address Clinton Mo

17. (a) Burial (b) Date thereof May 8 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Mo

18. (a) Signature of funeral director Spores
 (b) Address Clinton Mo.

19. (a) 5-26-41 (b) Dr. J. R. Hampton
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry
 (c) City or town Clinton Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 700 Rogers Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 4-20, 1941, to 5-7, 1941, that I last saw him alive on 4-20, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis Agitans 8-10 yrs
 Due to _____

Due to _____
 Other conditions (include pregnancy within 3 months of death) GA C

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 in or about home, on farm, in industrial place, in public place? _____

23. Signature James Smith (Specify type of place) _____ (M. D. or other) _____
 While at work? (b) Means of injury _____
 Address Clinton Mo Date signed 5-8-41

RECEIVED

District Health Officer No. 7;

District File Number 6-41-1035

Date Filed 6-13-41

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 R. R. Kenney
Licensed Embalmer No. 3099
P. O. Address Clinton 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.