

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Not Crown
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15069

State File No.

Registration District No. 269

Primary Registration District No. 5907

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Cooter, ms rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cooter, Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 39 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Theodore Marcus Limbaugh

3. (b) If veteran, name war N.O. 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Myrtle Limbaugh 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased December 25 1903
(Month) (Day) (Year)

8. AGE: Years 39 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Cooter, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business Teaching

12. Name C. C. Limbaugh
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Jessie Reville
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Myrtle Limbaugh
(b) Address Cooter, Missouri

17. (a) Burial (b) Date thereof March 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Not Zion Cemetery

18. (a) Signature of funeral director German Auto Company

(b) Address State

19. (a) 5-5-43 (b) C. C. Limbaugh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Cooter, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1943 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart of
Judy was
cause unknown

Due to _____

Due to _____

Other conditions
(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 in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature D. P. Barker (M. D. or other)
Address Cooter, mo Date signed 5/3/43

1207

(Licensed Embalmer's Statement on Reverse Side)

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

4-43-206

MAY 10 1943

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

John A. German

Registered Apprentice No. *344*

working under my personal supervision.

Signed

Jos. R. Small

Licensed Embalmer No. *3100*

P. O. Address

Blytheville, Ark.

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18-069
Registrar's No. 12

Registration District No. 269

Primary Registration District No. 5907

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

1. PLACE OF DEATH:

- (a) County Pemiscot
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 39 yrs years, months or days

3. (a) PRINT FULL NAME

Theodore M Kimbrough

3. (b) If veteran, name war. _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased Dec 22 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ (If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

- (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pemiscot
(c) City or town Cooter
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____ Duration _____

Due Cause unknown
this is the verdict of the
jury of Inquest.
March 27-1943

- Other conditions _____ (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 in or about home, on farm, in industrial place, in public place? _____

- While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. B. Wishes Jr. Post-9 (M. D. or other) _____
Address Cassman Date signed 3/7-44

NOV 29 1943

S-15069