

FILED SEP 15 1944

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 138

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town CLINTON  
(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 40 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HENRY  
(c) City or town CLINTON  
(If outside city or town limits, write "RURAL")  
(d) Street No. E Grandover  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LAWRENCE D KIMMEL

3. (b) If veteran, name war  3. (c) Social Security No.

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

6. (b) Name of husband or wife Inez 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: (Month) 1 (Day) 18 (Year) 1884

8. AGE: Years 60 Months 7 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Sexton Englewood

11. Industry or business \_\_\_\_\_

12. Name Daniel Kimmel

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

14. Maiden name Maggie Murphy

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

16. (a) Informant Inez Kimmel

(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-44 (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

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

19. (a) August 20 1944 (Date of local registrar) (b) Georgia Kitcher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 18 year 1944 hour 3:00 minute 17 M.

21. I hereby certify that I attended the deceased from 8-10 1944, to 8-18 1944, that I last saw him alive on 8-18 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion & d

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 940

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 H Walker (M. D. or other) M.D.  
Address Clinton Mo Date signed 8-19-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

42  
1  
2

1009

RECEIVED

District Health Officer No. 7,

District File Number 8-44-1048

Date Filed 9-11-44

MAR 8 1954

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 Fred Wilkerson

Licensed Embalmer No. 7486

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, fact should be so stated above.