

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
703 1/2 No. 12th. St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 74 Years  
years, months or days)

3. (a) PRINT FULL NAME Joseph H. Kimmett

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 31 1871  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 9 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Carpenter

11. Industry or business

12. Name Adam Kimmett  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Pankau  
(b) Address 703 1/2 No. 12th. St.

17. (a) Burial (b) Date thereof Dec. 13, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Norman W. Schubert  
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Dec 11-1945 (b) H. J. Hestrich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 703 1/2 No. 12th. St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10  
year 1945 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1, 1944 to Dec 10, 1945  
that I last saw him alive on Dec 10, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Initial Insufficiency Duration \_\_\_\_\_

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations g2b  
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 J. R. Elliott (M. D. or other) MD  
Address 2012 Francis St. St. Joseph, Mo. Date signed 12/10/45

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

Elmer Thomas, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Elmer Thomas

Licensed Embalmer No.

2640

P. O. Address

St Joseph 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.