V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1948

Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5047

Registrar's No. 759

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: K.C.General Hospital No.1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 10 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2314 East 30th St. 8
(If rural, give location)

(e) Citizen of foreign country? no. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Walter Rimmer

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Ellen Rimmer (Deceased)

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

7. Birth date of deceased September (Month) 24 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	4	25	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Benjamin Rimmer
13. Birthplace Illinois (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Amanda Smith
15. Birthplace Illinois (City, town, or county) / (State or foreign country)

16. (a) Informant Mrs. Inez Palmer

(b) Address 2314 East 30th K. C. 3 Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City, Missouri

18. (a) Signature of funeral director Wilks Bros Funeral Home

(b) Address Pierce City, Missouri

19. (a) 2-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb. day 19th
year 1948 hour 4 minute 50 A. M.

21. I hereby certify that I attended the deceased from 2-9-48, 19__, to 2-19-48, 19__;
that I last saw him alive on 2-19-48, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death C. A. of stomach

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

46 b

Major findings:
Of operations

Of autopsy See above

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. K.C. Gen. Hosp. K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Chas E Wilkis

Licensed Embalmer No. 2644

P. O. Address KC-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.