

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Emmale & Mo Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 202
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME GEORGE WALTER KIMSEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. 52-04-4085

4. Sex Male 5. Color or race White 6. (a) Single widowed, married, divorced (1)

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

7. Birth date of deceased. January 27 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 1 9 hr. min.

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

10. Usual occupation machinists Helper

11. Industry or business RR Shops

MOTHER FATHER { 12. Name David Walter Kimsey
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name William Bell Fish
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs William Bell Fish

(b) Address 718 E 14th Sedalia

17. (a) Removal (b) Date thereof 3-8-1951
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piscataway Sedalia Mo

18. (a) Signature of funeral director M E Laughlin Funeral Home

(b) Address Sedalia Mo

19. (a) MAR 10 1951 (b) J B Larson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 0804
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 718 E. 14th
(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 6th
year 1951 hour 3 minute 45 P M.
21. I hereby certify that I attended the deceased from February 23rd
1951 to March 6th 1951
that I last saw him alive on March 6th 1951
and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular Encephalitis Duration 9 days

Due to Influenza

Due to _____
Other conditions None other
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: Of operations None
Of autopsy None
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) no
(b) Date of occurrence _____
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature Jho. P. Carlisle M.D. (M. D. or other)
Address Sedalia Mo Date signed 3-6-51

JUL 11 1951

SEP 13 1951

SEP 23 1951

TO HIGHER
TRAINING

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 Ronald D. Galbreath

Licensed Embalmer No. 3917

P. O. Address Whitman M.

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.