

No. 2
8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37854**
Registrar's No. **2**

FILED DEC 13 1945
Registration District No. **186**

Primary Registration District No. **5693**

1. PLACE OF DEATH:

(a) County **Livingston**
(b) City or town **Dawn** *Blue mound*
(c) Name of hospital or institution: *1 my*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Livingston** *59*
(c) City or town **Dawn** *0*
(If outside city or town limits, write "RURAL") *0*
(d) Street No. (If rural, give location) *0*
(e) Citizen of foreign country? **no** (Yes or No) *0*
If yes, name country

3. (a) PRINT FULL NAME **Grace Maud Timbrook**

3. (b) If veteran, name war **--** 3. (c) Social Security No. **491-30-8962**

4. Sex **fe** / 5. Color or race **wh** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Ed Timbrook** 6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **Dec 10 1889**
(Month) (Day) (Year)

8. AGE: Years **55** Months **11** Days **17** If less than one day hr. min.

9. Birthplace **Carroll County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **James Timmerman**
13. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Alice Menefee**
15. Birthplace **unknown Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ed Timbrook,**
(b) Address **Dawn, Missouri**

17. (a) **Burial** (b) Date thereof **11-30-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laon Cemetary**

18. (a) Signature of funeral director **Edward Mead**
(b) Address **Braymer, Missouri**

19. (a) **11-30-45** (b) **Arthur M. Cunningham**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **27**
year **1945** hour **8** minute **30p.** M.

21. I hereby certify that I attended the deceased from **Dec 11/27/45**
19 **44** to **11/27/45** 19 **45**
that I last saw h. **ev** alive on **11/27/45** 19 **45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage 24 hrs.**

Due to
Due to
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **430**
Of autopsy

Duration
24 hrs.
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 **Arthur M. Cunningham** (M. D. or other)
Address **Chillicothe MO** Date signed **11/29/45**

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

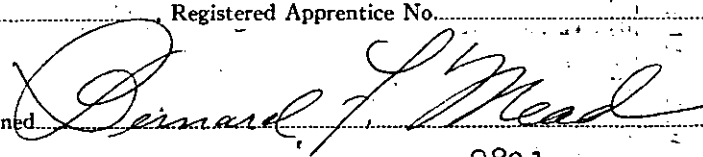
RECEIVED
District Health Officer No. 11
District File Number
Date Filed

JUL 11 1908

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



Licensed Embalmer No. 2801

P. O. Address Braymer, 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.