REC'D APR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11942
Do not use this space.

1. PLACE OF DEATH
(a) County P latte
(b) Township Carroll
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 696
Primary Registration District No. 5924
Registered No. 6

2. PRINT FULL NAME 516 William Timberlake
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 1860

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2		

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

FATHER
13. NAME No Record
14. BIRTHPLACE (CITY OR TOWN) No Record
(STATE OR COUNTRY) No Record

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) No Record
(STATE OR COUNTRY)

17. INFORMANT Mrs Lee Eskridge
(ADDRESS) Platte City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Platte City Mo DATE 2-21-1939

19. FUNERAL DIRECTOR (NAME) L. F. Rollins
(ADDRESS) Platte City, Mo.

20. FILED 3/16 1939 Mrs Frances E. Murray
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1939, 19..., to Feb. 20, 1939, 19...
I last saw him alive on Feb. 20, 1939, 19... Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

Influenza Feb: 16, 1939 — Date of onset

Other contributory causes of importance:
Mitral Regurgitation Unknown

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Florence R. Edwards, M. D.
(Address) Platte City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Health Officer No. 1
Number 39-341
APR 12 1939

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, ...
L. H. Rollins, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed L. H. Rollins

Licensed Embalmer No. 1306

P. O. Address Platte City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.