

Registration District No. 538Primary Registration District No. 3028Registrar's No. 67

## 1. PLACE OF DEATH:

- (a) County Madison  
 (b) City or town Fredericktown Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days3. (a) PRINT FULL NAME Wm. Floyd Timmin

3. (b) If veteran, name war no  
 3. (c) Social Security No. no

4. Sex m 5. Color or race w  
 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife If \_\_\_\_\_

7. Birth date of deceased Apr. 30 - 1939  
 (Month) (Day) (Year)

- |         |          |          |           |                      |
|---------|----------|----------|-----------|----------------------|
| 8. AGE: | Years    | Months   | Days      | If less than one day |
|         | <u>1</u> | <u>5</u> | <u>18</u> | hr. _____ min. _____ |

9. Birthplace
- Fredericktown Mo., 0
- 
- (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name
- Floyd Timmin

13. Birthplace
- Madison Co. Mo.
- 
- (City, town, or county) (State or foreign country)

14. Maiden name
- Walter Hamblen

15. Birthplace
- Madison Co. Mo.
- 
- (City, town, or county) (State or foreign country)

16. (a) Informant's own signature
- Floyd Timmin

- (b) Address
- Fredericktown Mo.

17. (a)
- Burial
- (b) Date thereof
- 10/19-40
- 
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Fredericktown Mo.

18. (a) Signature of funeral director
- Ed. Helleb

- (b) Address
- Fredericktown Mo.

19. (a)
- 10-19-1940
- (b)
- S. C. S. Langhender
- 
- (Date received local registrar) (Registrar's Signature)

- Address
- Fredericktown Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State
- mo
- (b) County
- Madison

- (c) City or town
- Fredericktown
- 
- (If outside city or town limits, write "RURAL")

- (d) Street No. \_\_\_\_\_ (If rural, give location)

- (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Oct
- day
- 18
- 
- year
- 1940
- hour
- 12
- minute
- 5
- a.m.

21. I hereby certify that I attended the deceased from
- Oct. 11
- 
- 19
- 40
- , to
- his death
- 19
- 40
- 
- that I last saw him alive on
- Oct. 16 - 10:30 P.M.
- 19
- 40
- 
- and that death occurred on the date and hour stated above.

Immediate cause of death Gastro-enteritis

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

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

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

Major findings: Of operations \_\_\_\_\_

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) Accidental, 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
- M. B. Barber
- M. D. or other? \_\_\_\_\_
- 
- Address
- Fredericktown Mo.
- Date signed
- 10/19/40

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

FORM 1 X1931

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.

**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.....

*Not embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Ed. H. Webb*.....

Licensed Embalmer No. *731*.....

P. O. Address *Fredrick Town Md*.....

**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, above space should be left blank.**