

MAR 19 1941
Registration District No. 5682

Primary Registration District No. 5682

Registrar's No. 2

59
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Wheeling Rural Wheeling town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Wheeling Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Mento Rebecca Timmons

3. (b) If veteran, name war X 8. (c) Social Security No. A

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife B.G. Timmons 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased November 20 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 12 hr. min.

9. Birthplace Williamsport / Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

MOTHER FATHER { 12. Name Jesse Hosler
13. Birthplace Don't know 9 (City, town, or county) (State or foreign country)
14. Maiden name Julia Wiggins
15. Birthplace Don't know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Cecily Timmons
(b) Address Wheeling, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 41
(Month) (Day) (Year)
(c) Place: burial or cremation Wheeling cemetery

18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo

19. (a) Feb 29 41 (Date received local registrar) (b) Mrs. L. Boone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day second year 41 Five hour minute A M.

21. I hereby certify that I attended the deceased from Jan 30 1941 to Feb 2 1941; that I last saw her alive on Feb 2 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

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

Major findings: Of operations _____
Of autopsy _____

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? 410

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature M. L. Gustafson (M. D. or other) _____
Address Chicasso Mo Date signed 2-2-41

Duration 9 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 _____

Frank L. Smiley

Registered Apprentice No. 478

working under my personal supervision.

Signed *Frank L. Smiley*

Licensed Embalmer No. 470

P. O. Address *Whiting 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, above space should be left blank.