. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

Registration District No. 508

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5678

State File No. 7195

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Rural Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
11½ miles N.W. Chillicothe
(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 days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 55

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 11½ miles N.W. Chillicothe 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Roy B. Timbrook

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Nell Timbrook

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March (Month) 10 (Day) 1880 (Year)

8. AGE: Years 61 | Months 11 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Carroll County (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Farming

11. Industry or business .....

FATHER
12. Name I. M. Timbrook
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Flora Rea
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. R. B. Timbrook
(b) Address R. R. # 1; Sampsel, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-'42 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director F. B. Norman Funeral Home
(b) Address Chillicothe, Missouri

19. (a) Feb 19 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15th year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from None, 19..., to None, 19...; that I last saw him alive on None, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Artero-Sclerosis	
Due to	
Other conditions X (Include pregnancy within 3 months of death) 94a	

Major findings:
Of operations XX
Of autopsy XX

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) XX
(b) Date of occurrence XX
(c) Where did injury occur? XX (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XX (Specify type of place)
While at work? (e) Means of injury

23. Signature Reuben Barney, Coroner (M.D. or Coroner)
Address Chillicothe, Missouri Date signed 2-17-1942

458

(Licensed Embalmer's Statement on Reverse Side)

MAR 9 1942

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

Elton F. Norman & E. R. Norman (2374), Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.