

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15043

State File No. _____
Registrar's No. 6

Registration District No. 55 Primary Registration District No. 6262

72
000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: New Madrid
(a) County: New Madrid
(b) City or town: Gideon Mo. R. I.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Anderson Temp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether years, months or days)
In this community: _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME: James Larv Timms
3. (b) If veteran, name war: _____ 3. (c) Social Security No.: _____

4. Sex: Male () 5. Color or race: _____ 6. (a) Single, widowed, married, divorced: 9
6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: March 2 42
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: Gideon Mo. R. I. (City, town, or county) (State or foreign country)

10. Usual occupation: _____
11. Industry or business: _____

MOTHER FATHER { 12. Name: Paul Timms
13. Birthplace: Lake City, Ark. (City, town, or county) (State or foreign country)
14. Maiden name: Gladys Webb
15. Birthplace: Campbell, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Paul Timms

(b) Address: Gideon, Mo. R. I.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/18/42 (Month) (Day) (Year)
(c) Place: burial or cremation: My Grand

18. (a) Signature of funeral director: Arthur Edward
(b) Address: Portageville, Mo.

19. (a) 3/30/42 (Date received local registrar) (b) John Mucum (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: New Madrid 72
(c) City or town: Gideon Missouri R. I. 0
(If outside city or town limits, write "RURAL")
(d) Street No.: _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th, day March, year 1942 hour 8 minute A. M.
21. I hereby certify that I attended the deceased from Only at birth 19____, to _____, 19____; that I last saw him alive on March 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Premature birth Duration _____
Due to: Unknown

Due to: _____
Other conditions: None apparent (Include pregnancy within 9 months of death)
Major findings: _____
Of operations: _____
Of autopsy: No 159

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: A. A. Recker (M. D. or other) _____
Address: Portageville, Mo. Date signed _____

538 (Licensed Embalmer's Statement on Reverse Side)

March 17, 1942

RECEIVED
District Health Office No. 2,
District File Number 442-036
Date Filed 4-13-42

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.....

P. O. Address.....

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.