

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 65

Registration District No. 604 Primary Registration District No. 4358

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

72  
4  
0

1. PLACE OF DEATH:  
(a) County New Madrid  
(b) City or town New Madrid, Mo.  
(c) Name of hospital or institution: No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No.  
In this community About 80 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY TIMBERLAKE  
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race 3 C  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife IKE TIMBERLAKE 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased APRIL 13 - 1900  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>42</u> | <u>2</u> | <u>13</u> | hr. _____ min.       |

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_  
MOTHER FATHER {  
12. Name SAM MASON  
13. Birthplace UNK. \_\_\_\_\_ (State or foreign country)  
14. Maiden name Mary Mason  
15. Birthplace UNK. \_\_\_\_\_ (State or foreign country)

16. (a) Informant Ike Timberlake  
(b) Address New Madrid, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof June 27 1942  
(Month) (Day) (Year)  
(c) Place: burial or cremation Community

18. (a) Signature of funeral director Richard Underwood  
(b) Address New Madrid, Mo.

19. (a) July 10, 1942 (Date received local registrar) (b) Alice Spicker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State New Madrid (b) County New Madrid  
(c) City or town New Madrid  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JUNE day 26  
year 1942 hour 11:05 minute \_\_\_\_\_ A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
No Medical Attendant  
By all records  
Due to was La B. of the lungs  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature Leo Hedgcock \_\_\_\_\_ (M.D. or other)  
Address New Madrid, Mo. Date signed 7/4-42

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Office No. 2,  
District File Number 842-977  
Date Filed 8-6-42

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.

*Not Embalmed*  
Signed *Geo. Hedgcock*  
Licensed Embalmer No. 3803

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.