S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1942

Registration District No. 43

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

33346

State File No.

Primary Registration District No. 5143

Registrar's No. 316

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town RURAL - Poplar Bluff twp
(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 years, months or days)
In this community 40 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER

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

(d) Street No. 4½ Mi SW POPLAR BLUFF
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

12
0
0

3. (a) PRINT FULL NAME GILBERT TIMMONS

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 SINGLE

6. (b) Name of husband or wife —

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

7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

8. AGE: Years 75 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace (City, town, or county) IND 1 (State or foreign country)

10. Usual occupation SAWMILL LABORER

11. Industry or business —

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant A. HESTER
(b) Address RFD "2. Poplar Bluff Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation COUNTY FARM CEM

18. (a) Signature of funeral director N.J. Phelps
(b) Address Poplar Bluff Mo

19. (a) 10-9-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 1
year 1942 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from 6/15 1942 to 9/1 1942
that I last saw him alive on 8/23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature Fred B. Hagan (M. D. or other)
Address Poplar Bluff Mo Date signed 9/1/42

72 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1142-1334
Date Filed 11-2-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed N. T. Phillips

Licensed Embalmer No. 3231

P. O. Address Cape Girardeau Bluff 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.