

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 23 1943

Registration District No. 176

Primary Registration District No. 3633-3635

Registrar's No. 101 2

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 270 days
(Specify whether In this community 270 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1 (If rural, give location)

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

3. (a) PRINT FULL NAME EARNEST Timberlake

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 4 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Jim Timberlake

13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Annie Burris

15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Michael Beard Clerk

(b) Address Mo State San Mt Vernon Mo

17. (a) Removal Removal (b) Date thereof Jan 13 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platt City Mo

18. (a) Signature of funeral director George B. Orr

(b) Address Mt Vernon Mo

19. (a) 1-13-43 (b) Andy Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12 year 1943 hour 5 minute 55 A.M.

21. I hereby certify that I attended the deceased from April 18 1942 to Jan 11 1943
that I last saw him alive on Jan 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis

Due to _____
Due to 12 hr

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

Major findings: Of operations _____

Of autopsy Bilateral pulmonary tuberculosis

Duration about 2 years

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 J. B. Stokes, D (M. D. or other)

Address Mt. Vernon, Mo Date signed 1/12/43

RECEIVED

District Health Officer No. 6,

District File Number 234-254

Date Filed FEB 15 1943

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.....

George B. Orr

Licensed Embalmer No. 946

P. O. Address 7th Vernon 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.