S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6853

State File No.

Registration District No. 178 Primary Registration District No. 5664 Registrar's No. 8

56
0
0

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

1. PLACE OF DEATH:

(a) County Lewis

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

(c) Name of hospital or institution: None /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Five Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

56
0
0

(a) State Missouri (b) County Lewis

(c) City or town Rural - North Of LaBelle, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Reddish Twp. Lewis Co. Missouri
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Wenona Mae Timmerman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White /

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

6. (b) Name of husband or wife William H. Timmerman

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May (Month) 30th (Day) 1906 (Year)

8. AGE:

Years	Months	Days	If less than one day
36	5	19	hr. min.

9. Birthplace Muscatine (City, town, or county) Iowa. / (State or foreign country)

10. Usual occupation Housewife at Home

11. Industry or business

FATHER
12. Name Wm J. Walker
13. Birthplace Unknown (City, town, or county) Illinois / (State or foreign country)

MOTHER
14. Maiden name Nellie Washburn Walker
15. Birthplace Muscatine (City, town, or county) Iowa. / (State or foreign country)

16. (a) Informant X William Timmerman
(b) Address LaBelle, Missouri

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Jan'y 19, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Burial, Muscatine Iowa.

18. (a) Signature of funeral director Norman D Coder
(b) Address LaBelle, Missouri

19. (a) 1-20-43 (Date received local registrar) (b) P. W. Jennings, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1943 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 19, 1943, to Jan 19, 1943;
that I last saw her alive on Jan 19, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Streptococci Sore throat	5 days
Due to	
Due to	
Other conditions Toxic Goiter (Include pregnancy within 3 months of death)	Years

Major findings:
Of operations
Of autopsy No

115 b

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 Harry L. McCracken (M. D. or other) DO
Address La Belle, Mo. Date signed Jan 20

987

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-43-262
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 Norman D. Coder
Licensed Embalmer No. 3721
P. O. Address LaBelle, 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, above space should be left blank.