

FILED APR 10 1943

Registration District No. 209

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Marion  
 (b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Public Place Bear Creek  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Kenneth Timbrook

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Child

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

7. Birth date of deceased SEPT. 17 1930  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>12</u>	<u>4</u>	<u>15</u>	_____ hr. _____ min

9. Birthplace CLARENCE Mo. O  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business a. d. Stowell School

12. Name JESSE TIMBROOK

13. Birthplace CLARENCE Mo. O  
(City, town, or county) (State or foreign country)

14. Maiden name ETHEL POE

15. Birthplace ALEXANDER Mo. O  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jesse Timbrook

(b) Address Hannibal Mo

17. (a) Burial (b) Date thereof 1-3-43  
(Burial, cremation, or re-oval) (Month) (Day) (Year)

(c) Place: burial or cremation CLARENCE Mo.

18. (a) Signature of funeral director James O. Conwell

(b) Address Hannibal Mo

19. (a) 2-3-43 (b) R. H. Connor  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
 (c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 602 Sycamore  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1  
 year 1943 hour about 6 minute 12 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Accidental Drowning

Due to \_\_\_\_\_

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) Accident 064

(b) Date of occurrence 2/1/43

(c) Where did injury occur? Bear Creek  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury Drowning

23. Signature R. H. Connor (M.D. or other)

Address 902 Broadway Hannibal Date signed 2/2/43

**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.**