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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21416

State File No.

FILED JUL 12 1943

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: 1315 East 12th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40 1 2

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

(d) Street No. 816 West 16th St
(If rural, give location)

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

3. (a) PRINT FULL NAME Dessie Timmons

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife William Timmons

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

7. Birth date of deceased May (Month) 8 (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	1	10	— hr. — min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

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

MOTHER
14. Maiden name Martha (Unknown)
15. Birthplace ~~Martha~~ unknown (City, town, or county) — 9 (State or foreign country)

16. (a) Informant Ora Mayfield
(b) Address Trenton, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-20-43 (Month) (Day) (Year)
(c) Place: burial or cremation Bratton Cemetery

18. (a) Signature of funeral director Davis Funeral Service
(b) Address Trenton Mo.

19. (a) 6-19-43 (Date received local registrar) (b) L. D. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1943 hour 1:40 minute A M.

21. I hereby certify that I attended the deceased from about 19 to one year 19 that I last saw her alive on about June 1, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio Sclerosis	3 or 4 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

97

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 E. A. Duffy (M. D. or other)

Address Trenton, Mo. Date signed June 19 1943

10 [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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.....

By ref....., Registered Apprentice No.....,

working under my personal supervision.

Signed Rayne A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.