

FILED FEB 18 1944

Registration District No. 283

Primary Registration District No. 5552

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

1. PLACE OF DEATH:

(a) County Lancaster
(b) City or town Mt Vernon Twp
(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 424 days
(Specify whether years, months or days)
In this community 424 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Beulah Berniece Timmerman

(b) If veteran, name war no (c) Social Security No. 497-09-3888

4. Sex Female 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 Dec. 27 1921
(Month) (Day) (Year)

8. AGE: Years 21 Months 1 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Poplar Bluff Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Sewing

11. Industry or business Cleaning & Pressing Shop

12. Name Milton Boyd Timmerman

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

14. Maiden name Suzette Ellis

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

16. (a) Informant E. Michael, Record Clerk

(b) Address Mo. State San. Mt. Vernon

17. (a) Removal (b) Date thereof 1-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo

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

(b) Address Mt Vernon Mo

19. (a) 1-28-44 (b) Andy Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1944 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov. 30
1942, 19____ to Jan. 27, 1944
that I last saw her alive on Jan. 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis
Duration about 3 yrs.

Due to _____
Due to _____

Other conditions 13 fl
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 1

23. Signature Charles A. Brucher (M. D. or other) M.D.
Address Mt. Vernon, Mo. Date signed 1-28-44

1338

RECEIVED

District Health Officer No. 6,

244-241

FEB 15 1944

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.....

Geo. B. Quinn

Licensed Embalmer No.....

946

P. O. Address.....

Mr. 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.