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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1944

Registration District No. 146

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 18293

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Independence Sanitarium & Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 Days (Specify whether
In this community 12 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1325½ West Lexington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME RUTH MARY TIMM

3. (b) If veteran, name war

3. (c) Social Security No. 490-16-6487

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 October (Month) 27 (Day) 1895 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	7	0	hr. min.

9. Birthplace Council Bluffs, (City, town, or county) Iowa. (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business Milling (Flour)

FATHER
12. Name Albert C. Timm
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Isabel Beecroft
15. Birthplace Council Bluffs, Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Howard Timm
(b) Address Independence, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/28/44 (Month) (Day) (Year)
(c) Place: burial or cremation Council Bluffs, Iowa

18. (a) Signature of funeral director Roland R Speaks
(b) Address Independence, Missouri

19. (a) 5/28/44 (Date received local registrar) (b) James W Ross (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1944 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from
, 19 , to May 26 , 1944;
that I last saw her alive on May 26 , 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Acute toxic thyroiditis	1 wk.
Acute hepatitis	1 wk.
Due to	
Due to	
Other conditions Chr. nephritis with	3 yrs.
(Include pregnancy within 3 months of death) Hypertensive C.V.R. disease	

Major findings:
Of operations
Of autopsy

131a

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 Chas E. Nickson Jr (M. D. ~~or other~~)
Address Independence Mo Date signed 5-27-44

(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 ..... , Registered Apprentice No. ..... working under my personal supervision.

Signed Roland B. Speaks

Licensed Embalmer No. 3604

P. O. Address Indep. 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.