

Registration District No. 337 Primary Registration District No. 6140

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 25 Years  
years, months or days

3. (a) PRINT FULL NAME George Lafayette 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 Married

6. (b) Name of husband or wife Dora Timbrook 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 31st 1871  
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Shelby Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farming

MOTHER FATHER

12. Name Harrison Timbrook

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

14. Maiden name Eliza Jane Lock-Miller

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

16. (a) Informant Mrs Dora Timbrook

(b) Address Clarence Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director H. Ellison, Bartlesville

(b) Address Clarence Mo

19. (a) Days 44 (Date received local registrar) (b) Madge Good (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 1030

(c) City or town Clarence Rural Yes  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th  
year 1944 hour 5 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from July 8 to July 11 1944  
that I last saw him alive on July 2 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis

Duration 4 yrs

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

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

Other conditions 106 hr  
(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)

(c) Means of injury \_\_\_\_\_

23. Signature Clarence Mo (Date signed) July 13 1944

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

RECEIVED

State & Health Officer No. 10

License No. 8-44-1407

Date AUG 11 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 Henry G. Fairclough

Licensed Embalmer No. 3835

P. O. Address Shelburne, 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.