

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6028 Meade St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Robert Herschel Timmons

3. (b) If veteran, name war No

3. (c) Social Security No. 530-01-7813

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife (Unknown) 6. (c) Age of husband or wife if alive --- years
 7. Birth date of deceased April 4, 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>8</u>	<u>7</u>	hr. _____ min.

9. Birthplace Rockport Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Painter & Carpenter

11. Industry or business

Silas Timmons

12. Name Silas Timmons
 13. Birthplace Star County, Ill.
(City, town, or county) (State or foreign country)
 14. Maiden name Minnie Graves
 15. Birthplace Star County, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret J. Brown
 (b) Address 1604 Moss St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 12/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Clark Mortuary
 (b) Address 5025 King Hill Ave.

19. (a) Dec 26 1945 (b) A. J. Westphal
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 6028 Meade St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
 year 1945 hour 11 minute 45 a. m.

21. I hereby certify that I attended the deceased from 5/29/45, 19____, to 12/11/45, 19____;
 that I last saw him im alive on 11/21/45, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death heart Disease ?
 Duration ?

Due to _____
 Due to _____

Other conditions Bronchitis, Chr. 7 mos
(Include pregnancy within 3 months of death)

Bronchiectasis

Major findings:
 Of operations _____
 Of autopsy 10615
 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 Willie Carl (M. D. or other) _____
 Address St. Joseph, Mo. Date signed 12-11-45

1428

30/12/45
30/12/45
30/12/45

STATEMENT BY LICENSED EMBALMER

hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 12/11/45

Registered Apprentice No. _____

working under my personal supervision.

Signed

Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.