

7. S. No. 2
00M-5-43
ev. 5-17-39
I X36671

9-9721

State File No. _____

FILED MAR 27 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1268

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

8647

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
932 W 32nd 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 53yr.
(years, months or days)

3. (a) PRINT FULL NAME Clarence S. Timanus

3. (b) If veteran, name war World War I

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife L Gladys Timanus

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March 20 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

53 11 22 20
hr. min.

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

10. Usual occupation Civil Eng.

11. Industry or business Burns & Mc Donnell Constg. Eng.

12. Name Elmer Timanus

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

14. Maiden name Louise Belle Cully

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

16. (a) Informant L. Gladys Timanus

(b) Address 932 W 32nd St.

17. (a) Burial (b) Date thereof Mar 15 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director [Signature]

(b) Address 41st + State Ave. KCK

19. (a) 3-14-46 (b) Maldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 932 W 32nd
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1946 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from March 5, 1946, to March 12, 1946;

that I last saw him alive on March 11, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction

Due to Coronary Disease

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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? _____

21. Signature [Signature] (M.D. or other) _____
Address 127 E. Prof. Bldg Date signed 3-16-46

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 *J. Ross Blanford*

Licensed Embalmer No. *4015*

P. O. Address *41 + Stetson*

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.