

No. 2  
-12.45  
5-17-39  
I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 13 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **10883**  
Registrar's No. **5531**

Registration District No. **149** Primary Registration District No. **1002**

**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:  
**Kansas City General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **27 days**  
In this community **12 yrs** (Specify whether years, months or days)

**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. **918 E. 25th**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **John Timberlake**  
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**  
4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Married**  
(b) Name of husband or wife **Opal Crane Timberlake** 6. (c) Age of husband or wife if alive **64** years  
7. Birth date of deceased **Nov. 16 - 1882**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
20. **DATE OF DEATH:** Month **December** day **31**  
year **1946** hour **9:00** minute **A** M.  
21. I hereby certify that I attended the deceased from **12-4-** 19 **46** to **12-31** 19 **46**  
that I last saw h. **im** alive on **December 31**, 19 **46**  
and that death occurred on the date and hour stated above.

**8. AGE:** Years **64** Months **1** Days **15** If less than one day hr. min.  
9. Birthplace **Platte City MO** (City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**  
11. Industry or business **None**  
12. Name of father **Jamei J. Timberlake**  
13. Birthplace **Platte City MO** (City, town, or county) (State or foreign country)  
14. Maiden name **Annie Burrus**  
15. Birthplace **Platte City MO** (City, town, or county) (State or foreign country)

Immediate cause of death **Carcinoma of bladder** Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: **52 lb**  
Of operations \_\_\_\_\_  
Of autopsy **0**  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

16. (a) Informant **no Opal Timberlake**  
(b) Address **918 E. 25th St. K.C. MO**  
17. (a) **Burial** (b) Date thereat **Jan 3 - 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Platte City MO**  
18. (a) Signature of funeral director **Leland J. Francis**  
(b) Address **Parkville MO**  
19. (a) **12-31-46** (b) **Deraldine Holmes**  
(Date received local registrar) (Registrar's signature)

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 **Wm W. Hart** (M. D. or other) **MD**  
Address **Med. Dir. General Hospital #1**

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

MOTHER FATHER

1-2-47

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.....

*Leland H. Francis*

Licensed Embalmer No. *3451*

P. O. Address.....

*Fairfield, 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.