V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 24 1954

Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21045A

Primary Registration District No. 5041

Registrar's No. 74

1. PLACE OF DEATH:

(a) County: Barry

(b) City or town: Rural Flat Creek Twp
(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 years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Bertha Easley Timmons

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: female

5. Color or race: White

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

6. (b) Name of husband or wife: Roy Tommons

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

7. Birth date of deceased: June (Month) 5 (Day) 1894 (Year)

8. AGE: Years 52 Months 10 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace: Eagle Rock (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: housewife

11. Industry or business _____

FATHER
12. Name: Elmer Priutt
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Doll Easley
15. Birthplace: Eagle Rock Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: mr. Roy Timmoms
(b) Address: Cassville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-7-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Mineral Springs

18. (a) Signature of funeral director: Culver Funeral Home
(b) Address: Cassville, Missouri

19. (a) _____ (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1947 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from Mar. 1, 1947, to May 4, 1947, that I last saw her alive on May 4, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Carcinoma of Liver
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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature: Glenn H. Dalyer (M. D. or other) M.D.
Address: Cassville Mo Date signed May 19

10 1 (Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 854-84

DATE REC. 8-21-54

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 N. H. Elkins, Registered Apprentice No. 495, working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 55-84

P. O. Address Cassville

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.