

Registration District No. 247

Primary Registration District No. 5840

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Rural Blue Haven  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 137  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Newton 73  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9 miles west of Paris City 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Columbus Timmons

3. (b) If veteran, name war None 3. (c) Social Security No. 700

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ada Timmons 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept 22 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 5 10 hr. min.

9. Birthplace Newton County MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name James Timmons

13. Birthplace not known Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Rosemar

15. Birthplace not known Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada Timmons

(b) Address Paris City #2

17. (a) Burial (b) Date thereof March 6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Timmons

18. (a) Signature of funeral director W. L. Brown  
(b) Address Paris City MO

19. (a) 3-6-48 (b) M. L. Young  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3  
year 1948 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 3-1948  
9:20 1948 to March 9-1948

that I last saw him alive on Feb 28-1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Occlusion

Due to Atherosclerosis

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 94A

Of autopsy \_\_\_\_\_

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) (e) Means of injury 0

23. Signature J. H. Ferguson (M. D. or other)  
Address Winell, MO Date signed 2-7-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

73  
0  
0

**RECEIVED**

District Health Officer No. Newton  
District File Number 348-264  
Date Filed 3-9-48

**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.....

Edwin P. Wilks....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... Edwin P. Wilks.....

Licensed Embalmer No. 4131

P. O. Address..... Quincy City 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.**