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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25290

State File No. .....

AUG 13 1940

Registration District No. 14

Primary Registration District No. 4211

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 303 E. Florence
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME George R. Timbrook 5116

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Susie Sampson Timbrook

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased August (Month) 16, (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	10	13	..... hr. ..... min.

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

10. Usual occupation Minister (Baptist)

11. Industry or business .....

FATHER
12. Name Walter Lee Timbrook
13. Birthplace unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Alma Harless
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Mrs. George R. Timbrook
(b) Address Windsor, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7- 31- 40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery Kansas City, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

19. (a) 7-31-40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1940 hour 11:00 minute P.M.

21. I hereby certify that I attended the deceased from May, 1938, to July 29, 1940 that I last saw him alive on July 29, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lymphadenoma (Hodgkin's Disease)	2 1/2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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? 3/7 (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature T. A. Blackmore (M. D. or other)
Address Windsor, Mo Date signed 7-30-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-40-1191
Date Filed 8-12-40

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 Elbert M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.