

S. No. 2  
M-8-13  
5-17-39  
1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35047  
State File No.

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution Pike County Hospital  
(If not in hospital or institution, write street number or location)

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

In this community In Pike Co - 73 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike Mo.

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

(d) Street No. Bowling Green (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 17

3. (a) PRINT FULL NAME John Edwin Timber

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9  
year 1944 hour 3:45 minute P M.

21. I hereby certify that I attended the deceased from 10-6-44, 1944, to 10-9, 1944  
that I last saw him alive on 10-9, 1944  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Luella Timber

6. (c) Age of husband or wife if alive 23 years (Day) (Year)

7. Birth date of deceased Sept. 23 1871  
(Month) (Day) (Year)

Immediate cause of death Chronic Thromboses

Due to Lobar Pneumonia

Due to 108

Other conditions (Include pregnancy within 3 months of death)

8. AGE: 73 Years 0 Months 16 Days  
If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Charles W. Timber

13. Birthplace Pike Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Millicent Newland

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

16. (a) Informant Luella Timber

(b) Address Bowling Green Mo.

17. (a) Burial (b) Date thereof 10-11-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Mo.

18. (a) Signature of funeral director H. B. Emore

(b) Address Bowling Green

19. (a) 10-9-44 (b) John J. Apple  
(Date received local registrar) (Registrar's signature)

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) none

(b) Date of occurrence none

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
none

While at work (Specify type of place) (e) Means of injury none

23. Signature [Signature] (M. D.)  
Address Bowling Green, Mo. Date signed 10-10-44

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

1169

(Licensed Emballer's Statement on Reverse Side)

APR 19 1955

RECEIVED

District Health Officer No. 10

District File Number 11-44-1898

Date Filed NOV 10 1944

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. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.