

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36789**
Registrar's No. **354**

FILED DEC 17 1945
Registration District No. **12**

Primary Registration District No. **3008**

14
-
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution State Hosp no 1
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 7 AM to 28 day
(Specify whether years, months or days) same

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME MATILDA TIMMERBERG

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1945 hour 1 minute 34P M.

21. I hereby certify that I attended the deceased from Nov 17
1945 to Nov 17 1945
that I last saw her alive on Nov 17 1945
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Walter Timmerberg 6. (c) Age of husband or wife if alive NK years

7. Birth date of deceased Apr 17 1886
(Month) (Day) (Year)

Immediate cause of death Anemia

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 1322

8. AGE: Years 59 Months 7 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Eritz-Gloss

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Phoebe

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Recondstad Hosp no 1

(b) Address Fulton mo

17. (a) Removal (b) Date thereof 11-17-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Spring

18. (a) Signature of funeral director Edwin Baker

(b) Address Amelia mo

19. (a) 11-17-1945 (b) Josef Moravickhoff
(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) (e) Means of injury _____

20. Signature R.P. Turner (M.D. or other) _____
Address Fulton mo Date signed _____

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

11407

RECEIVED

District Health Officer No. 9.

District File Number.....

Date Filed 12-11-45

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 D. B. Baker

Licensed Embalmer No. 3375

P. O. Address Americus 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.