

S. No. 2
M-5-43
5-17-39
X38671

FILED FEB 24 1948

Registration District No. **186** Primary Registration District No. **5693** Registrar's No. **1**

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

1. PLACE OF DEATH:
 (a) County **Livingston**
 (b) City or town **Dawn**
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Length of stay: In hospital or institution **10yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Livingston**
 (c) City or town **Dawn** (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 **Ed Timbrook**
 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 **widow**
 6. (b) Name of husband or wife **Grace Timbrook** 6. (c) Age of husband or wife if alive **years**
 7. Birth date of deceased **Sept 22 1885**
 (Month) (Day) (Year)

8. AGE: Years **62** Months **4** Days **18** If less than one day hr. min.

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

10. Usual occupation **retired farmer**

11. Industry or business

MOTHER FATHER
 12. Name **George Timbrook**
 13. Birthplace **unkinwn Missouri**
 14. Maiden name **Juliett Haynes** (State or foreign country)
 15. Birthplace **unknown Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Lester Timbrook**
 (b) Address **Dawn, Missouri**

17. (a) **Burial** (b) Date thereof **2-5-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Union Cem.**

18. (a) Signature of funeral director **Samuel Mead**
 (b) Address **Brayner, Missouri**
 19. (a) **2-5-48** (b) **Clara Cunningham**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb** day **10** year **1948** hour **10** minute **53** M.
 21. I hereby certify that I attended the deceased from **Nov 17** 19**47** to **Feb 10** 19**48**
 that I last saw him alive on **Feb 10 3:30** 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** Duration **?**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)
 Major findings: **Am J**
 Of operations
 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?

While at work (Specify type of place) (c) Means of injury

23. Signature **Joseph F. Gale** (M. D. or other) **MD**
 Address **Phillipath, Mo.** Date signed **Feb 10 48**

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Edward J. Mead

Licensed Embalmer No.....

2801

P.O. Address.....

Braymer, 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.