

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

38129  
 Do not use this space.

DEC'D DEC 14 1938

1. PLACE OF DEATH Jackson

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 1002

(c) City K. C. Mo. (d) Street No. General Hospital Registered No. 4263

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred William Twiss

(a) Residence, No. 3131 Campbell St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Twiss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1859

7. AGE YEARS 79 MONTHS 0 DAYS 24 IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County New York

FATHER 13. NAME No Record 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME No Record 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Mrs. Marjorie Witte (ADDRESS) 3131 Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hills DATE Nov. 9, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner Kansas City, Mo.

20. FILED Nov 8 1938 M. M. Browne Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5-38 19

22. I HEREBY CERTIFY THAT I attended deceased from 11-5-38 19.

I last saw him at home on 11-5-38 19. Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary sclerosis Date of onset

Acute & chronic coronary atherosclerosis

Chronic myocardial infarction

Other contributory causes of importance: Pulmonary edema 93C

Name of operation..... Date of operation.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) Walter P. Butler M. D.

(Address) General Hosp., K.C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**