No. 2
11-10-39
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38071

LED DEC 14 1940

Registration District No. 50 Primary Registration District No. 3004 Registrar's No. 85

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

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: 108 N High Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 20 yr. 0

In this community 20 yr. 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town ~~Harrisonville~~ Butler (If outside city or town limits, write "RURAL")

(d) Street No. 108 N. High St. (If rural, give location)

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

3. (a) PRINT FULL NAME LUTHER ROBINSON TWYMAN

3. (b) If veteran, name war no

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 Gertrude S Twyman

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July (Month) 12 (Day) 1871 (Year)

8. AGE: Years 69 Months 4 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Cass Co (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Dep Commission of finance

11. Industry or business State of Mo 0

FATHER
12. Name Lee Twyman 1
13. Birthplace (City, town, or county) Ky. (State or foreign country) 0

MOTHER
14. Maiden name Julia Williamson
15. Birthplace Cass Co (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Gertrude S Twyman

(b) Address 108 N. High Butler Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov 20 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville Mo.

18. (a) Signature of funeral director Runnenburgers

(b) Address Harrisonville Mo.

19. (a) Nov 20 1940 (Date received local registrar) (b) Nina L Culver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1940 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from Feb 10, 1939, to Nov 18, 1940 that I last saw him alive on Nov 18, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to	
Due to Chr. arteriosclerosis	
Other conditions Angina pectoris (Include pregnancy within 3 months of death)	
Major findings: Of operations 94 B	
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? 5 2 (Specify type of place)

While at work? (e) Means of injury

23. Signature Carter W. Luter (M. D. or other) MD

Address Butler Mo Date signed 11/20/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-40-1750
Date Filed 12-11-40

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 B. Denton Lisle

Licensed Embalmer No. 4123

P. O. Address Butler, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.