

No. 2
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17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7159**

FILED MAR 17 1941
Registration District No. **298**

Primary Registration District No. **5554**

Registrar's No. **58**

008
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULLNAME MARY ELLEN TWEEDY

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

4. Sex Female 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 29, 1939
(Month) (Day) (Year)

8. AGE: Years 1 Months 4 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Virgil C. Tweedy

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

14. Maiden name Mable Griffith

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

16. (a) Informant Virgil C. Tweedy

(b) Address Atterton, Mo.

17. (a) Burial (b) Date thereof Feb. 25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maund Grove

18. (a) Signature of funeral director Cate & Speaks

(b) Address Independence, Mo.

19. (a) Feb. 24, 41 (b) F. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day 23-41 year _____ hour _____ minute 3:15 P.M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw _____ and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - Post Partum

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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? 360 (Specify type of place) _____

While at work _____ (c) Means of injury _____

23. Signature [Signature] (M. D. or other) 3

Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Coland Spinks

Licensed Embalmer No. 3604

P. O. Address Independence, 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.