

Registration District No. 649

Primary Registration District No. 6276

State File No. ✓

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Osark
(b) City or town Wasola
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 yrs. (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Osark
(c) City or town Wasola
(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 VERNON TWITTY

3. (b) If veteran, name war World War 1918 3. (c) Social Security No. _____

4. Sex M.O. 5. Color or race W
6. (b) Name of husband or wife Mary Twitty 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased Oct 8 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>9</u>		hr. _____ min. _____

9. Birthplace French Mills (Madison Co.) Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

MOTHER FATHER

11. Industry or business _____
12. Name W. R. Twitty
13. Birthplace Madison Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name William Williams
15. Birthplace Madison Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Twitty
(b) Address Wasola Mo.

17. (a) Burial (b) Date thereof 7-10-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walter Peters Cemetery

18. (a) Signature of funeral director W. M. Peters
(b) Address Camdenville Mo.

19. (a) R (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1941 hour 11 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 1940 to July 8, 1941
that I last saw him alive on July 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 10 yr

Due to _____

Due to _____

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

Major findings: _____
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) (e) Means of injury _____

23. Signature M. J. Heiman (M. D. or other) 2/10
Address Camdenville Date signed 9-20-41

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

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5-1739
X26390

FILED SEP 25 1941

13B

NOV 8 1941

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 Denver Roller

Licensed Embalmer No. 4006

P. O. Address Ava, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32178
Registrar's No. _____

Registration District No. 649

Primary Registration District No. 6286

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Wassila
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Vernon Twitty

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
live 43 years

7. Birth date of deceased Oct 8, 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 14 (If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Nov 14, 1941 (b) Hattie B. Douer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
to _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings:
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)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

Registration District No. 649

Primary Registration District No. 6286

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Wasola, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ozark
(c) City or town Wasola, Mo.
(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

3. (a) PRINT FULL NAME VERNON TWITTY

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Oct - 8 - 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace French Mills, Madison Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name W. R. Twitty
18. Birthplace Madison Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Williams
15. Birthplace Madison Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Twitty
(b) Address Wasola Mo.

17. (a) Burial (b) Date thereof 7-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Peters Cemetery

18. (a) Signature of funeral director G. M. Clire

(b) Address Hainesville Mo.

19. (a) Nov 3, 1941 (b) Stattie S. Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 8
year 1941 hour 10:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from July, 1940, to July 8, 1941;
that I last saw him alive on July 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration 10 yr

Due to _____

Due to _____

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

Major findings: Of operations 138
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) (e) Means of injury _____

23. Signature M. J. Hoernars (M. D. or other) MD
Address Hainesville, Mo Date signed 10/29/41

132178

NOV 14 1941



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 Denver Roller
Licensed Embalmer No. 4006
P. O. Address avg, 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, above space should be left blank.