

Registration District No. 318

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
717 E. Walnut /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 2 weeks (Specify whether
years, months or days)

3. (a) PRINT FULL NAME George C. Tway

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

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

6. (b) Name of husband or wife Mrs. Helen Tway 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July (Month) 83 (Day) 1880 (Year)

8. AGE: Years 61 Months 9 Days 21 If less than one day hr. min.

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

10. Usual occupation Contractor

11. Industry or business.

12. Name Perry Tway

13. Birthplace Unknown Ohio (City, town, or county) (State or foreign country)

14. Maiden name Clara Cartmick

15. Birthplace Unknown Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Tway

(b) Address Idaho Falls, Idaho

17. (a) Removal (b) Date thereof April 30, 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Idaho Falls, Idaho

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 4-30-42 (b) A. W. S. Handley (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Idaho (b) County Bonnerville
(c) City or town Idaho Falls (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1942 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from April 20th 1942 to April 29th 1942
that I last saw him alive on April 29 and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral hemorrhage Duration 1 wk

Due to arterial hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

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? ✓

While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. H. Silsby M.D. (M. D. or other)
Address Springfield, Mo Date signed 5/20/42

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.....

Harlow Knab

Licensed Embalmer No. *4065*

P. O. Address.....

Springfield

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.

X