

FILED AUG 11 1942

Registration District No. 169

Primary Registration District No. 80 20

Registrar's No. 39

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1
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Edina (rural) Liberty Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community Life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

(c) City or town Edina (rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. Liberty Twp
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Carrie May Tweed

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

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

6. (b) Name of husband or wife James C. Tweed 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Feb-8- 8 - 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 5 20 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Zachriah Gehrke

13. Birthplace Hannavor, Germany
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Rene

15. Birthplace Hannavor, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant J. C. Tweed

(b) Address Edina, Missouri

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

(c) Place: burial or cremation Knox City, Missouri

18. (a) Signature of funeral director Reid Hudson

(b) Address Edina, Missouri

19. (a) July 30-42 (b) Nelle Northcutt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1942 hour 4 minute _____ P.M.

21. I hereby certify that I attended the deceased from June 1 1942 to July 28 1942
that I last saw her alive on July 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of gall bladder

Due to _____

Due to _____

Other conditions H68
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 2

23. Signature J. J. Breckenfield (M. D. or other) D.O.

Address Edina, Mo. Date signed 7/29/42

RECEIVED

District Health Officer No. 10

District File Number 1-42-1596

Date Filed AUG 13 1942

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missou

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.