

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 7 1943

Registration District No. 32

Primary Registration District No. 5110

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Bollinger  
(b) City or town Rural Filmore Twp.  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John William Twidwell

3. (b) If veteran, name war ..... 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 Rosa B. Twidwell 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased May 26 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 9 17 ..hr. ..min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Madison Twidwell  
13. Birthplace Johnson Co. Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Lavina Bollinger  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa B. Twidwell

(b) Address Glenn Allen, Mo.

17. (a) Burial (b) Date thereof 3-14-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Twidwell Cem.

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo.

19. (a) 3/20/43 (b) Mrs. Geneva Graham  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th  
year 1943 hour 7:00 minute 15 A. M.

21. I hereby certify that I attended the deceased from Nov 10, '41  
....., 19....., to Mar 13, 1943

that I last saw him alive on Dec 1, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Leucemia

Duration 2 yrs.

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) None

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?

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

23. Signature O. A. Myers (M. D. or other) .....  
Address Caldwateh, Mo. Date signed 3/20/43

RECEIVED

District Health Officer No. 4  
District File Number 443-1999  
Date Filed 4-6-43

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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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Luttrellville, 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.