FILED DEC 14 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37395

Do not use this space.

015

1. PLACE OF DEATH
   (a) County Camden Registration District No. 50
   (b) Township Osage Primary Registration District No. 5179 Registered No. 47
   (c) City Linn Creek, Rural (d) Street No. ..... St.
   (If death occurred in Hospital or Institution, write its name instead of street and number)
   (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Jane Twitchel
   (a) Residence, No. Linn Creek - Star Route St. ☐
   (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ralph Twitchel 67 yrs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 - 1876
7. AGE Years 67 Months 8 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Creek Camden Co. Missouri

FATHER
13. NAME William McLaughlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller County Missouri

MOTHER
15. MAIDEN NAME Sarah Catherine Edwards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Ralph Twitchel Linn Creek, Mo. RR 1
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Freedom Cem DATE Nov 14 1943
19. FUNERAL DIRECTOR (ADDRESS) Bankson - Woolery
20. FILED Dec 11 1943 Edith Nelson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 1943
22. I HEREBY CERTIFY, That I attended deceased from ..... 1941, to Nov. 12, 1943
I last saw her alive on Nov. 12, 1943 Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Chronic	1941

13 bl

Other contributory causes of importance: none

Name of operation none Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. E. Cluebone M.D.
(Address) Camdenton, Missouri

1237

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

11-43-1366
11-13-43
12-13-43

STATEMENT BY LICENSED EMBALMER

I, Abbie Bankson Woolery, Licensed Embalmer No. 2488

hereby certify that the body recorded on the reverse side of this certificate was embalmed by None

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Abbie Bankson Woolery

Licensed Embalmer No. 2488

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.)