. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10810

Registration District No. 83 Primary Registration District No. 5312 Registrar's No.

27
0
0

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town ~~Lone Elm~~, Clarks Fork Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether
In this community All of life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 27

(a) State Missouri (b) County Cooper 0

(c) City or town Lone Elm, Clarks Fork Towns.
(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 --- 0

3. (a) PRINT FULL NAME Mrs. Minnie Twillman.

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife William A. Twillman

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 29" (Day) 1859 (Year)

8. AGE: Years 84 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Cooper County, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business At Home.

FATHER
12. Name John King.
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophie Fredmeyer.
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Henry Twillman.
(b) Address Lone Elm, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20"/44 (Month) (Day) (Year)
(c) Place: burial or cremation Lone Elm Lutheran Cem.

18. (a) Signature of funeral director Goodman & Boller
(b) Address Boonville, Mo.

19. (a) Mar. 27, 1944 (Date received local registrar) (b) Mrs. N. L. Renezer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19" year 1944 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from March 5, 1944, to March 17, 1944 that I last saw her alive on March 17, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	14 days
Due to Hypertension (?)	several years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

83a

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

23. Signature R. O. Keeley (M. D. ~~or other~~)
Address Bunceton, Mo. Date signed 3/22/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Health Officer No. 8.
4-7-44

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 G. F. Boller

Licensed Embalmer No. 3067

P. O. Address Boonville, 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.