. S. No. 2
0M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22770

Registration District No. 310 Primary Registration District No. 6254 Registrar's No.

1. PLACE OF DEATH:

(a) County WAYNE

(b) City or town COLDWATER (Cedar Creek)
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution — (Specify whether 1
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WAYNE 111

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

(d) Street No. — 0
(If rural, give location)

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

3. (a) PRINT FULL NAME MAGGIE JOSEPHINE WILLMORE

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 WIDOW 2

6. (b) Name of husband or wife GEORGE WILLMORE

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

7. Birth date of deceased JUNE (Month) 14 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	10	3	hr. min.

9. Birthplace WAYNE COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business —

FATHER
12. Name THOMAS MADISON TWIDWELL
13. Birthplace JOHNSON COUNTY (City, town, or county) TENNESSEE (State or foreign country)

MOTHER
14. Maiden name HARRIET LAVINA BOLLINGER
15. Birthplace WAYNE COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant JULIA C. LUTES
(b) Address SILVA, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/18/44 (Month) (Day) (Year)
(c) Place: burial or cremation TWIDWELL CEMETERY

18. (a) Signature of funeral director [signature]
(b) Address Trenton, Mo.

19. (a) 5-1-44 (Date received local registrar) (b) Inez Bennett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 17
year 1944 hour 2 min. 00 A.M.

21. I hereby certify that I attended the deceased from Ja[illegible], 1941, to Feb 28, 1944
that I last saw her alive on Feb, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis of Throat	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 0

23. Signature Adam F Wagner (M. D. ~~or other~~)
Address Greenville Mo Date signed 4-17-44

1222

(Licensed Embalmer's Statement on Reverse Side)

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

4/17/44, Registered Apprentice No.

working under my personal supervision.

Signed L. Geo. P. Fienkel

Licensed Embalmer No. 3475

P. O. Address Ironton, Ma

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.