

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24501**
Registrar's No. **88**

FILED AUG 3 1944

Primary Registration District No. **3017**

1. PLACE OF DEATH
(a) County **Cooper**
(b) City or town **Bonville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Alex. Ravensway Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week**
(Specify whether years, months or days) **45 yrs.**

3. (a) PRINT FULL NAME **JULIA THRESA TWENTER**
(b) If veteran, name war **No.**
(c) Social Security No. **No.**

4. Sex **Female**
5. Color or race **w.**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **George Twenter**
(c) Age of husband or wife if alive **48** years
7. Birth date of deceased **Dec - 30 - 1898**
(Month) (Day) (Year)

8. AGE: Years **45** Months **6** Days **17** If less than one day **hr. min.**

9. Birthplace **Pilot Grove Mo.**
(City, town or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **None**

12. Name **Joseph Zeller**

13. Birthplace **Pilot Grove Mo.**
(City, town or county) (State or foreign country)

14. Maiden name **Josephine Vollmer**

15. Birthplace **Pilot Grove Mo.**
(City, town or county) (State or foreign country)

16. (a) Informant **George Twenter**

(b) Address **Pilot Grove, Mo.**

17. (a) **Burial** (b) Date thereof **7-21-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. John Cemetery, Pilot Grove**

18. (a) Signature of funeral director **Ways & Painter**

(b) Address **Pilot Grove Mo.**

19. (a) **July 20-44** (b) **Dr. Chas. Swap**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cooper**
(c) City or town **Bonville** (If outside city or town limits, write "RURAL")
(d) Street No. **Rural** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **11**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **17**
year **1944** hour **5** minute **2** M.
21. I hereby certify that I attended the deceased from **July 10**
1944, to **July 17** 1944
that I last saw him alive on **July 16** 1944
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Thrombosis**
Duration **1 week**
Due to **operated (hysterectomy)**

Due to
Other conditions **Varicose thrombosed vein of leg.**
(Include pregnancy within 3 months of death)

Major findings: **Fixation of pelvis**
Of operations **56**
Of autopsy **None**
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) (e) Means of injury **C**
While at work? **-**

23. Signature **Alex. Ravensway** (M. D. or other)
Address **Bonville Mo.** Date signed **7-17-44**

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

RECEIVED

Health Officer No. 8,

District File Number

Date Filed 8-2-44

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 Myself,
Registered Apprentice No. _____,
working under my personal supervision.

Signed

Deyton E. Mayo

Licensed Embalmer No.

3074

P. O. Address

Pilot Grove, Wis.

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.