

S. No. 2
M-5-43
5-17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27945**

FILED SEP 14 1944

Registration District No. **748**

Primary Registration District No. **5568**

Registrar's No. **220**

1. PLACE OF DEATH:

(a) County **JACKSON**
(b) City or town **KANSAS CITY - FAIRMOUNT STATION**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9131 WILSON ROAD BOMB
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **5 YEARS** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY - FAIRMOUNT STATION**
(If outside city or town limits, write "RURAL")
(d) Street No. **9131 WILSON ROAD**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MRS. MARY ALICE TWINMAN HUGHES**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **MR.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **DECEMBER 10 - 1855**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 8 13 hr. min.

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

10. Usual occupation **AT HOME**

11. Industry or business _____

12. Name **CLIFTON TWYMAN**

13. Birthplace **KENTUCKY**
(City, town, or county) (State or foreign country)

14. Maiden name **MARGARET WALLACE**

15. Birthplace **KENTUCKY**
(City, town, or county) (State or foreign country)

16. (a) Informant **Marybelle Stofv**

(b) Address **One Jack mo.**

17. (a) **BURIAL** (b) Date thereof **AUGUST 26 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WOODLAWN CEMETERY INDEPENDENCE MISSOURI**

18. (a) Signature of funeral director **W. H. Newcomer, Sona**

(b) Address **KANSAS CITY MISSOURI**

19. (a) **8-26-44** (b) **James W. Ross**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **23** year **1944** hour **4** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Aug 14 1944** to **Aug 23 1944** that I last saw him alive on **Aug 23 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary left branch**
Due to **Fall from bed.**

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

Major findings: Of operations _____

Of autopsy **None**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **Aug 24-44 048**

(c) Where did injury occur? **Home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)

While at work _____ Means of injury _____
23. Signature **C. J. Stiles** (M. D. number) _____
Address **322 Shupert Bldg.** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

78
0
0

322 Stewart Road

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 Emile W. Colborn

Licensed Embalmer No. 3506

P. O. Address K @ 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.