

FILED MAR 14 1945

Registration District No. _____

Primary Registration District No. 3033

Registrar's No. _____

3
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2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Logan

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

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

(d) Length of stay: In hospital or institution 2 1/2 hours
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Landon

(c) City or town Linn Creek mo Rural
(If outside city or town limits, write "RURAL")

(d) Street No. RFD - Route 1 15
(If rural, give location) 6

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country _____

3. (a) PRINT FULL NAME Ralph Alexander Twitchel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb 13, 1945 to Feb 14, 1945
that I last saw him alive on Feb 13, 1945
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Lena Williams

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: June 1 1876
(Month) (Day) (Year)

Immediate cause of death: Cerebral hemorrhage, Duration 10 hrs.

Due to _____

Due to _____

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>7</u>	<u>13</u>	hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) 83 a

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Marceline, Landon Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

MOTHER FATHER

11. Industry or business _____

12. Name Ralph Alexander Twitchel

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

14. Maiden name Sarah Francis Pridell

15. Birthplace McComb Illinois
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Bertha Twitchel

(b) Address Lawson City mo

17. (a) Removal & Burial (b) Date thereof 2-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

(c) Place: burial or cremation Freedom Cem
Banksen Woolery

18. (a) Signature of funeral director James D. Hope

(b) Address Libanon, Mo

19. (a) 2-24-45 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature James D. Hope, (M. D. or other) _____

Address Libanon, Mo Date signed 2/24/45

1090

Received

Laclede County Health Unit

File No. 2-45-18

Date Filed 3/13/45

MAR 3 1953

MAR 2 1953

MAR 20 1945

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 Abbie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Cambden, 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.