S. No. 2
M—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9574

State File No.

FILED MAR 16 1945

Registration District No. Primary Registration District No. 4180 Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Campbell (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution (Specify whether years, months or days) In this community 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Campbell (If outside city or town limits, write "RURAL") 35
(d) Street No. (If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Florence Tweedle
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joe Tweedle
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased June (Month) 18 (Day) 1877 (Year)

8. AGE: Years 67 Months 8 Days x If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ✓
FATHER
12. Name John Coleman
13. Birthplace Conn. (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name —
15. Birthplace Conn. (City, town, or county) 1 (State or foreign country)
16. (a) Informant Husband – Joe Tweedle
(b) Address Campbell, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn
18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell, Missouri
19. (a) 2-28-45 (Date received local registrar) (b) Mrs. L. P. Oliver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22 year 1945 hour 7 minute A. M.
21. I hereby certify that I attended the deceased from Feb. 10 1945, to Feb. 22, 1945; that I last saw her alive on Feb. 22, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Entero-Colitis	12 days
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

23. Signature H. J. Pulliam (M. D. or other)
Address Campbell, Mo. Date signed 2/26/45

1150 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 345-42
Date Filed 3/14/45

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 Ew Landers

Licensed Embalmer No. 2289

P. O. Address Campbell

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.