

FILED APR 23 1945

State File No.

Registration District No. 1888

Primary Registration District No. 6700

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Hale RR #1 Grand River Twp
(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)

In this community 7 mo.
years, months or days

3. (a) PRINT FULL NAME Donald Harold Twambly

3. (b) If veteran, name war (c) Social Security No.

4. Sex male (5. Color or race white) 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased August 9 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 10 hr. min.

9. Birthplace Chillicothe Livingston Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Chester H. Twambly

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

14. Maiden name Vera Jeanette Hughes

15. Birthplace Wheeling Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Chester H. Twambly

(b) Address Hale, no R.R.

17. (a) Burial (b) Date thereof Mar 21 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling Cemetery

18. (a) Signature of funeral director Smiley Funeral Home

(b) Address Wheeling Mo.

19. (a) Mar 21 1945 (b) Mrs Van D. Fullerton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Hale Rural (If outside city or town limits, write "RURAL")

(d) Street No. Route #1 (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day March
year 1945 hour 8:30 minute P.M.
Drowned

21. I hereby certify that I attended the deceased from after death

19... to 19...

that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death

Infectious diarrhea

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

11902

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Lee Mack Livingston County Coroner

Address Chillicothe Mo Date signed Mar 21 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 self
....., Registered Apprentice No.
working under my personal supervision.

Signed

Frank P. Smiley

Licensed Embalmer No. 490

P. O. Address

Wheeling 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.