

FILED FEB 29 1946

Registration District No.

Primary Registration District No. 3007

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hos. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Seven Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Thompson C. Tweedy.

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. Married

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

7. Birth date of deceased. Jan 4 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 12 If less than one day hr. min.

9. Birthplace. Boonville Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business. Plumbing

12. Name William Tweedy

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

14. Maiden name Susie Roush

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

16. (a) Informant Clifford Tweedy
(b) Address Puxico Missouri

17. (a) Burial (b) Date thereof 2 19 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Puxico Missouri

18. (a) Signature of funeral director Mathews Service
(b) Address Puxico Mo

19. (a) 2/21/46 (b) [Signature]
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103
(c) City or town Puxico
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 9 1946 to Feb 16 1946
that I last saw him alive on Feb 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Chronic Nephritis ?

Due to Chronic Myocarditis ?

Other conditions.
(Include pregnancy within 3 months of death)

Major findings: Of operations.
Of autopsy.

Duration
?
?
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 Frank E. Druehl (M. D. or other) MD
Address Poplar Bluff Mo Date signed 2/19/46

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

3767

RECEIVED

District Health Office No. 2,

District File Number 246-274

Date Filed 2/25/46

OCT 13 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 Ryan W. Steele

Licensed Embalmer No. 2476

P. O. Address Wester 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.