

No. 2  
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-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

13959

**FILED** MAY 11 1946

**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. 238

Primary Registration District No. 5823

Registrar's No. 140

**1. PLACE OF DEATH:**

(a) County New Madrid  
(b) City or town Rural  
(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 20yr  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County New Madrid  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN FRANCIS TWITTY

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

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

6. (b) Name of husband or wife Eta  
6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb 4 1884  
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name unk Twitty

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

14. Maiden name unk

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

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 12-28-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

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

(b) Address Sikeston MO

19. (a) April 18 1946 (b) Nolan Louis Jones  
(Date received by registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 27  
year 1945 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from May 21, 1945, to December 26, 1945;  
that I last saw him alive on December 26, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis  
Duration 3 1/2 Years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 1318

**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 W. R. Kessler (M.D. or other) D.O.  
Address Sikeston, Missouri Date signed 1-29-46

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

218

RECEIVED

District Health Office No.

District File Number 146-5

Date Filed 4-15-40

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

*Raymond Crews*

Licensed Embalmer No. 3467

P. O. Address

*Sikeston 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.