S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

36127

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37308

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 340

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Five Days (Specify whether
In this community 58 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Independence Mi 4 (If outside city or town limits, write "RURAL")
(d) Street No. 610 N. River Boulevard 4 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Thomas Twyman Jr
3. (b) If veteran, name war World war 1
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of ~~husband~~ or wife Mrs Adelaide Casper Twyman
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased March (Month) 22 (Day) 1888 (Year)

8. AGE: Years 58 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Independence (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Physician
11. Industry or business
FATHER
12. Name George Thomas Twyman
13. Birthplace Jackson County (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Carrie Robinson
15. Birthplace Cesramine County (City, town, or county) Kentucky 1 (State or foreign country)
16. (a) Informant Mrs Thomas Twyman
(b) Address 610 N. River Boulevard Indep Mo
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Oct (Month) 7 (Day) 1946 (Year)
(c) Place: burial ~~or cremation~~ Mount Washington
18. (a) Signature of funeral director Ott & Mitchell
(b) Address 310 N. Main Independence Missouri
19. (a) 10-20-46 (Date received local registrar) (b) James [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4 year 1946 hour 8:00 minute P M.
21. I hereby certify that I attended the deceased from July 7, 1946, to Oct. 4, 1946 that I last saw him alive on Oct. 4, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute circulatory failure	72 hrs
Due to Coronary sclerosis + myocarditis - chronic	yrs
Due to	
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	yrs
Uremia	48 hrs

Major findings:
Of operations none
Of autopsy above (0)

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 0
23. Signature Vance E. Link, M.D. (M. D. or other)
Address 129 W. Lexington, Independence, Mo Date signed 10/5/46

(Licensed Embalmer's Statement on Reverse Side)

MAR 25 1947

APR 10 1947

FEB 3 1947

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 Henry Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.