

No. 2
-12-45
5-17-39
X47070

FILED JUN 17 1947

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2502

1. PLACE OF DEATH:

(a) County JACKSON
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 318 NORTH ELMWOOD AVENUE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 35 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
 (c) City or town KANSAS CITY 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 318 NORTH ELMWOOD AVENUE 8
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS. ELLA TWYMAN
 (b) If veteran, name war NO
 (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 4TH
 year 1947 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 2
 1947, to June 4 1947
 that I last saw him alive on July 4 1947
 and that death occurred on the date and hour stated above.

4. Sex FEMALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife MR. FRANK W. TWYMAN
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased JULY 21 1878
 (Month) (Day) (Year)

Immediate cause of death
 Coronary Thrombosis 2 days
 acute Pericarditis 1 day

Due to _____
 Due to _____

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

8. AGE: Years Months Days 68 10 13
 If less than one day hr. min.

9. Birthplace ADRIAN COUNTY MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name THEOPHILUS STEVENS G
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)

14. Maiden name MARTHA A WIND
 15. Birthplace SHENANDOAH VALLEY VIRGINIA
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Twyman
 (b) Address 318 No. Elmwood Ave

17. (a) BURIAL (b) Date thereof June 7, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEES SUMMIT, MISSOURI

18. (a) Signature of funeral director W. H. Newberry
 (b) Address 1401 BRUSH CREEK BLDG.

19. (a) 6-7-47 (Date received local registrar)
 (b) Geraldine Holmes (Registrar's signature)

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 C. W. Rose (M. D. or other) 424
 Address 1034 Elmwood Date signed 6/6/47

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

