

FILED OCT 6 1947
128
Registration District No.

Primary Registration District No. **2.000**

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1702 W. Lee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1702 W. Lee
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Viola Catherine Twilleager

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Lewis R. Twilleager 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased November 6 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 2 hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lewis R. Twilleager
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 9/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Gorman-Scharpf Fun. Home
(b) Address 525 S. National

19. (a) 9-15-47 (b) W. S. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1947 hour 5 minute 9 M.

21. I hereby certify that I attended the deceased from 5/28/47 to 9/8/47
that I last saw him alive on 9/7/47 and that death occurred on the date and hour stated above.
Duration 19 37
19 47

Immediate cause of death uterine carcinoma

Due to _____

Due to _____

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

Major findings: Of operations _____

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 E. Feller (M. D. or other) _____
Address Springfield Date signed 9/19/47

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 L. Decker Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.