V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31491
Primary Registration District No. 1002
Registrar's No. 4078

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: 2324 E. 63rd STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 15 YEARS.

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 44
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2324 E. 63rd STREET 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: DORA ANELLA TWISELTON
3. (b) If veteran name war: No
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: MR. SAMUEL TWISELTON
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: MARCH (Month) 17 (Day) 1861 (Year)
8. AGE: Years 86 Months 6 Days 8 If less than one day ____ hr. ____ min.
9. Birthplace: OQUQUA (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business: ____
MOTHER FATHER
12. Name: VOLEY ROBINSON
13. Birthplace: UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)
14. Maiden name: SARAH MALEY
15. Birthplace: UNKNOWN (City, town, or county) ILLINOIS (State or foreign country)
16. (a) Informant: Mrs M. E. Craig
(b) Address: 2324 E. 63rd st
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: SEPT 26 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: McCRACKEN, KANSAS
18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 9-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month SEPTEMBER day 25th year 1947 hour 5 minute 15 A. M.
21. I hereby certify that I attended the deceased from 4 June 1946 to 25 Sept 1947 and that I last saw him alive on 23rd Sept 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocardial degeneration	15 yrs
Due to: Hypertension	15 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: none	
Of autopsy: none	

PHYSICIAN
Underline the cause of 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: ✓
23. Signature: Albert H. Fulton (M. D. or other)
Address: 5845 Prospect Date signed: Sept 25 1947
K.C., Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

D. [redacted] Truppene
5845 Prospect Avenue

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K. C. 3, 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.