

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4378

State File No. _____

Registration District No. 84

Primary Registration District No. 5316

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Rural - Clear Creek
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 85 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME EUGENA-TWENTER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JOSEPH TWENTER

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Dec - 21 - 1867
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 9 If less than one day ✓ hr. ✓ min.

9. Birthplace Cooper County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business Same

MOTHER FATHER

12. Name Andrew Neckerman

13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Aylbach

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

16. (a) Informant Edith Twenter

(b) Address Pilot Grove Mo

17. (a) Rural (b) Date thereof 2-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove

18. (a) Signature of funeral director Hays + Janiter

(b) Address Pilot Grove Mo

19. (a) 2-2-48 (b) Nellie Thellett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Near Pilot Grove
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1948 hour 7 minute AM

21. I hereby certify that I attended the deceased from 1/28/48
1948 to 1/30 1948

that I last saw h. or alive on 1/29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Failure Heart Myocardial Duration _____

Due to _____

Due to _____

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

Major findings: _____

Of operations 2007

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.T. Humphreys (M. D. or other) _____

Address Pilot Grove, Mo. Date signed _____

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-19-48

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 Myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Rayton E. Hays

Licensed Embalmer No. 3074

P. O. Address Pilot Grove 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.