

FILED OCT 18 1948

Registration District No. **228**

Primary Registration District No. **2000**

Registrar's No. **853-A**

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:
2330 N. Lexington /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
Lifetime
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Goldie Mae Twigger**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** / 5. Color or race **White** / 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Frank Twigger** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **December 14 1893**
(Month) (Day) (Year)

8. AGE: Years **54** Months **9** Days **22** If less than one day hr. min.

9. Birthplace **Greene County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Housewife**

MOTHER FATHER { 12. Name **John Ryan**

13. Birthplace **Greene County, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mattie Fishburn**

15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Twigger**
(b) Address **RFD#10 Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **10-8-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn Cemetery**

18. (a) Signature of funeral director **J.W. Klingner & Co.**
(b) Address **Springfield, Missouri**

19. (a) **10-11-48** (b) **W. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**
(c) City or town **Springfield** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **RFD#10 Springfield, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **6**
year **1948** hour **9** minute **30** A.M.

21. I hereby certify that I attended the deceased from **June 1, 1948** to **10-6-48**
that I last saw her alive on **10-5-48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Gallbladder**
Duration 1 Year

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **H/O**

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 **d**

23. Signature **C. E. Zeller** (M. D. or other) **10/7/48**
Address **609 Cherry Springfield** Date signed

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

2
43
39
37823

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.....

John McHale....., Registered Apprentice No. *85*
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.