FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 184

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3038

State File No. 37269

Registrar's No. 98

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

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 529 Market Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: 1 year 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Linn 58
(c) City or town: Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 529 Market Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: George Allonzo Twitchell
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Effie Mae Twitchell
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: April (Month) 7 (Day) 1876 (Year)

8. AGE: Years 72 Months 7 Days 19 If less than one day hr. min.

9. Birthplace: Breckenridge (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
MOTHER FATHER
12. Name: George Twitchell
13. Birthplace: unknown (City, town, or county) New York (State or foreign country)
14. Maiden name: Hulda Peck
15. Birthplace: unknown (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant: Mrs. George Twitchell
(b) Address: 529 Market, Brookfield, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 30, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Rose Hill Cemetery
18. (a) Signature of funeral director: Hill Funeral Home
(b) Address: Brookfield, Missouri
19. (a) 12-2-48 (Date received local registrar) (b) Walton B. Crump (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26 year 1948 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from June 24, 1947, 19..., to Nov. 26 1948, that I last saw him alive on Nov 20 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	2 hrs.
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 94A	
Of autopsy:	

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: 0
23. Signature: John R. Dixon (M. D. or other) M.D.
Address: Brookfield Mo Date signed: 11-30-48

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

DEC 14 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Gerald F. Wade

Licensed Embalmer No. 4172

P. O. Address Browning, 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.