

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13303

State File No.

1649

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH

a. COUNTY
JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN
KANSAS CITY

c. LENGTH OF STAY (in this place)
72 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION
GENERAL HOSPITAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE
MISSOURI

b. COUNTY
JACKSON

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN
KANSAS CITY

d. STREET ADDRESS (If rural, give location)
4015 East 28th Street

3. NAME OF DECEASED (Type or Print)

a. (First)
ORANDO

b. (Middle)

c. (Last)
TWYMAN

4. DATE OF DEATH (Month) (Day) (Year)
MARCH 30 1950

5. SEX
FEMALE

6. COLOR OR RACE
NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
WIDOWED

8. DATE OF BIRTH
MAY 15 1862

9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
87

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
LEXINGTON, MISSOURI

12. CITIZEN OF WHAT COUNTRY?
U. S.

13a. FATHER'S NAME

JEFFERSON YOUNG

13b. MOTHER'S MAIDEN NAME

ELIZABETH

14. NAME OF HUSBAND OR WIFE

George Twyman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
IRENE PORTER 4015 East 28th Street

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **BRONCHO PNEUMONIA**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
**MYOCARDIAL INFARCTION
GENERALIZED ARTERIONEPHROSCLEROSIS**

INTERVAL BETWEEN ONSET AND DEATH

491X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-29, 1950 to 3-30, 1950, that I last saw the deceased alive on 3-30, 1950, and that death occurred at 5:45P m., from the causes and on the date stated above.

23a. SIGNATURE **E. Frank Ellis** (Degree or title)

23b. ADDRESS
600 East 22nd Street

23c. DATE SIGNED
3-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
4/7/50

24c. NAME OF CEMETERY OR CREMATORY
Lincoln Cemetery

24d. LOCATION (City, town, or county) (State)
Kansas City, Missouri

DATE REC'D BY LOCAL REG.
4-7-50

REGISTRAR'S SIGNATURE
Maldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Wathens Bros. 1729 Lydia

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

3008
0

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Jerome Manlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2503 Highland*.....

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.