

FILED MAR 14 1940

Registration District No. 17

Primary Registration District No. 5245

Registrar's No. 47

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

1. PLACE OF DEATH:

(a) County Chariton MO
(b) City or town Triplett Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (years, months or days) 5 1/2

3. (a) PRINT FULL NAME JESSE A. TWYMAN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 7 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Salisbury Mo. D.
(City, town, or county) (State or foreign country)

10. Usual occupation Postmaster A

11. Industry or business Postmaster O

MOTHER FATHER
12. Name J. P. Twyman
13. Birthplace Roanoke Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Dunn
15. Birthplace Salisbury Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. A. Twyman
(b) Address Triplett Mo.

17. (a) Burial (b) Date thereof 2-14-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation McCallaugh Triplett Mo.

18. (a) Signature of funeral director L. McCallaugh
(b) Address Brunswick Mo.
19. (a) Feb-14-40 (b) R. P. Orner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Triplett Rural
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
year 1940 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from AUGUST 28, 1940, to FEB 11, 1940, that I last saw him alive on FEB 11, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION WITH INFARCTION AND MYOCARDIAL DEGENERATION Duration 3 MONTHS
Due to ENDOCARDITIS (UNSPECIFIED) 12 IN 2 YEARS
Due to CORONARY SCLEROSIS 2 YEARS

Other conditions CHRONIC GASTRITIS (Include pregnancy within 3 months of death)
ACHLORHYDRIA, SECONDARY ANEMIA PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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 3
23. Signature Jessie Twyman (M. D. or other) DO
Address Triplett Mo. Date signed 12-13-40

RECEIVED
District Health Officer No. 8
District File Number
3-13-40
Filed

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

L. Meersal

Licensed Embalmer No.

823

P. O. Address

Brunswick 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, above space should be left blank.