

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

10453
Do not use this space.

1. PLACE OF DEATH
 (a) County Caldwell Registration District No. 97
 (b) Township Ridder Primary Registration District No. 4059 Registered No. 3
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Ellen Splawn
 (a) Residence, No. Ridder Mo. 20 years St. (If nonresident, give city or town and State)
 (Usual place of abode. If no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED Husband (OR) WIFE OF Harvey Splawn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25-1874
 7. AGE YEARS 66 MONTHS 0 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) March 4-1940 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Breckenridge, Missouri

FATHER 13. NAME George A. Twitchell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Mo

MOTHER 15. MAIDEN NAME Hilda Beck
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfork, Mo

17. INFORMANT (ADDRESS) J. Splawn, Ridder Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Beck Park DATE Mar 17 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. F. Pawley, Ridder Mo

20. FILED Mar 15 1940 H. F. Pawley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1940
 22. I HEREBY CERTIFY That I attended deceased from March 1, 1940 to March 14, 1940
 I last saw her alive on March 14, 1940. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
12412
 Other contributory causes of importance: Arteriosclerosis of liver.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify (Signed) Andrew J. Derway D.O., M.D.
 (Address) Ridder, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 11,
District File Number 440-480
Date Filed APR 10 1940

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,

My self

....., or by

Registered Apprentice No., working under my personal supervision.

Signed..... *H. F. Powell*

Licensed Embalmer No. *1804*

P. O. Address..... *Kidder 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.