

2
4-41
7-39

AUG 15 1941

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **559**

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:
1843 BENTON AVE
(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** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1843** **Benton**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **GEORGE W. TWIGGER**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **None**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **LENA DELL TWIGGER** 6. (c) Age of husband or wife if alive **55 1/2** years

7. Birth date of deceased **Aug 25 1877**
(Month) (Day) (Year)

8. AGE: Years **63** Months **10** Days **1** If less than one day hr. min.

9. Birthplace **Manchester Aug 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck Driver**

11. Industry or business **Trucking**

12. Name **George W. Twigger**

13. Birthplace **Unknown Conn**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Lena Dell Twigger**

(b) Address **Springfield Mo.**

17. (a) **Burial** (b) Date thereof **July 11 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **W. E. Handley**

(b) Address **Springfield Mo.**

19. (a) **7-11-41** (b) **W. E. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9**
year **1941** hour **1** minute **40 P.** M.

I hereby certify that I attended the deceased from **6/15/41**
to **7/9** 19**41**, to 19**41**;
that I last saw him alive on **7/9/41** - 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Due to **Cardiac Disturbance**

Due to **Q3d**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

of autopsy

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) (b) Means of injury

Signature **W. E. Handley** (M. D. or other)

Address **Springfield Mo.** Date signed **7/11/41**

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

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

X