

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN - 9 1943
Registration District No. 1001

Primary Registration District No. 4123

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

(c) City or town Ava
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Oliver Perry Twitty

3. (b) If veteran, name war.....

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 Garnelia Florence Twitty 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased August 24, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79	3	12	hr. min.
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9. Birthplace Fredericktown, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Oliver Twitty

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

14. Maiden name Harriett Miller

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

16. (a) Informant Neva Johnson (b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 12-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burdett

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 1-5-43 (b) Shelma S. Waters
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6 year 1942 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov. 10 1942 to Dec 6 1942
that I last saw him alive on Dec 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Sub acute cholelithiasis that block
Proximal Gallstones

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 126

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?.....

White at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature R M Norman (M. D. or other)
Address Ava Mo. Date signed Dec 8/42

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

34
0

34
0

0

42

42

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

23. Signature R M Norman (M. D. or other)
Address Ava Mo. Date signed Dec 8/42

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 N.B. Hutchinson

Licensed Embalmer No. 3481

P. O. Address Oran Md

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.