

FILED JUN 20 1946
Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs (Specify whether
In this community 22 yrs years, months or days)

3. (a) PRINT FULL NAME Mrs. Louisa Twineham

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased Dec. 7 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 0 If less than one day hr. min.

9. Birthplace Leana Ks
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name James Hanson
13. Birthplace No Data
(City, town, or county) (State or foreign country)
14. Maiden name Lydia Bowman
15. Birthplace No Data
(City, town, or county) (State or foreign country)

16. (a) Informant A. N. Twineham
(b) Address 2849 Woodland, K.C. Ks.
17. (a) Removal (b) Date thereof 6-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moran Ks

18. (a) Signature of funeral director Shimmions
(b) Address K.C.K.
19. (a) 6-8-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wy 999
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1102 N. 17 K.C. Ks
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 7
year 46 hour 7 minute 05 A.M.

21. I hereby certify that I attended the deceased from Aug
1935 to 6/7/46 1946

that I last saw him alive on 6/5/46 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to Pericious Anemia
& Myxedema
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/10 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) (c) Means of injury 2

23. Signature A. Hayden Houston (M.D. or other) DO
Address Huron Bldg. N.E. K. Date signed 6/8/46

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..... *H. Semmons*

Licensed Embalmer No..... *3903*

P. O. Address..... *HCK*

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.