S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1947

Registration District No. 107

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23851

Primary Registration District No. 5422

Registrar's No. 207

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett Rural Ind.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Rural 1 78
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country Near Pascola (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME Wheeler M. Twitty
3. (b) If veteran, name war No
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 Tency Twitty
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased August (Month) 12 (Day) 1899 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	11	16	hr. ..... min.

9. Birthplace Alsbury (City, town, or county) Alabama (State or foreign country) 1
10. Usual occupation Farming
11. Industry or business .....
FATHER
12. Name Don't Know 9
13. Birthplace " " 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Don't Know
15. Birthplace " " 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Tency Twitty
(b) Address Pascola, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation Atwood, Ala
18. (a) Signature of funeral director Valhalla Fun Home
(b) Address Hayti, Mo
19. (a) 7-29-1947 (Date received local registrar) (b) Earl Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th year 1947 hour about 1 minute 00 A.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cause of Death Unknown	
Due to Verdict Coroner Jury	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

200

PHYSICIAN
Underline the cause of 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 July 28-1947
(c) Where did injury occur? Kennett (City or town) Dunklin (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm Near Kennett, Mo. (Specify type of place)
While at work? No (e) Means of injury Unknown
23. Signature Walter A. Hawkins (M. D. or other) Coroner
Address Kennett Mo. Date signed 7-28-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 847-1053
Date Filed 8-2-47

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 John H. German

Licensed Embalmer No. 4355

P. O. Address Sayre, Mo Box 424

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.