

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED JUN 6 1947
Registration District No. **219**

Primary Registration District No. **5791**

Registrar's No. **6**

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

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Barnett Rural
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Eldon Norris Twitchel

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Single

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
alive _____ years

7. Birth date of deceased May 30 1947
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	1 hr. 10 min.

9. Birthplace Barnett Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Asel R. Twitchel

13. Birthplace Canton, Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Opal H. Brown

15. Birthplace Miller, Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant A. R. Twitchel

(b) Address Barnett, Missouri

17. (a) Burial _____ **(b) Date thereof** 5-31-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Pt., Mo. Cemetery

18. (a) Signature of funeral director Louis D. Phillips

(b) Address Eldon, Mo.

19. (a) 6/2/47 **(b)** C. H. Gail
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau **68**

(c) City or town Barnett (Rural) **0**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1947 hour 5 minute 10P. M.

21. I hereby certify that I attended the deceased from 5/30/47
_____ 19____ to _____ 19____
that I last saw him alive on 5/30/47 _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxia neonatorum
Prematurity

Due to _____

Due to _____

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? _____

_____ (Specify type of place)

White at work? _____ (a) Means of injury _____

23. Signature Boyle E. Murrell, D.O. (M. D. or other) **2**
Eldon, Mo. Date signed 5/31/47

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.....

Louis D. Phillips (Not Embalmed)....., Registered Apprentice No.....
working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. 3663.....

P. O. Address Eldon.....

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.