

REC'D APR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10843
Do not use this space.

1. PLACE OF DEATH

(a) County Gross Registration District No. 318
(b) Township Springfield Primary Registration District No. 2001 Registered No. 258
(c) City Springfield (d) Street No. 761 E Madison St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 761-E Madison St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF William U. Townsend

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-1-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 91 2 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind13. NAME Wilford W. Wiley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Marianna Carter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT (ADDRESS) Jerda Wakfield
761-E Madison18. BURIAL, CREMATION, OR REMOVAL PLACE Cremated DATE March 27, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Bulshuman - Palmer
Bohler20. FILED Mar 25, 1939 Chas B. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939 to March 20, 1939
I last saw her alive on Mar 25, 1939. Death is said to have occurred on the date stated above, at 3:10 P.M.
The principal cause of death and related causes of importance were as follows:

Myocardite Date of onset

92

Other contributory causes of importance:
Metastatic degenerative disease

mitral regurgitation

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) J. A. Robertson, M. D.

(Address) Springfield 5210

WRITE PLAINLY, WITH UNFADING INK—THIS IS VERY IMPORTANT. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

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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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.