

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

3448

Registration District No. 727

Primary Registration District No. 5959

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls.
(b) City or town Rural (Salt River)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Perry Mo. Salt River Township.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community 50 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie D. Towles.

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

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

6. (b) Name of husband or wife James Towles. 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased September 1, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4. 13
hr. min.

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

10. Usual occupation Housewife.

11. Industry or business Home.

12. Name Joseph Adams.

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

14. Maiden name Eugenia Burnett.

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

16. (a) Informant's own signature James Towles

(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof Jan. 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lick Creek Cemetery.

18. (a) Signature of funeral director Clyde C. Wilbey

(b) Address Perry, Missouri.

19. (a) 1/15/40 (b) Clyde C. Wilbey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Ralls.
(c) City or town Rural.
(If outside city or town limits, write "RURAL")
(d) Street No. Perry, Mo. R.F.D.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th. day January
year 1940 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Oct 1 -
1939, to Feb 1 -, 1940
that I last saw her alive on Oct 1 -, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Myocarditis
Due to Arterial Sclerosis
of Generalized Atherosclerosis
Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) (e) Means of injury
23. Signature T. C. Osell (M. D. or other)
Address Palmyra, Mo. Date signed 1/15/40

RECEIVED

District Health Officer No. 10

District File Number 2-40-323

Date Filed FEB 7 1940

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.