

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 13

Primary Registration District No. 5017

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Andrew
 (b) City or town Rural Jefferson Mo.
(If outside city or town limits, write "RURAL" and name of township)
on road to hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3
(Specify whether)
 In this community 62 yrs
years, months or days

3. (a) PRINT FULL NAME Ephoram Townsend

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Fannie Townsend 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Aug 29 - 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>6</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Andrew co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Joseph Franklin Townsend

13. Birthplace Andrew co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Emilly Babes

15. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fannie Townsend

(b) Address Savannah Mo

17. (a) Burial (b) Date thereof 3-17-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director L. B. Breit 924

(b) Address Savannah Mo

19. (a) 3-16-1940 (b) Mrs. Jennie Park
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 16
 year 1940 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from 3/15, 1940, to 3/16, 1940
 that I last saw him alive on 3/13, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Suicide By firearms Duration 6 hr.

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) Suicide

(b) Date of occurrence 3/15/40

(c) Where did injury occur? Savannah Andrew Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? City Park

While at work no (Specify type of place) (e) Means of injury 22 Rifle

23. Signature Clifford J. Steadley M. D. or other coroner

Address Savannah Mo Date signed 3/16/40

RECEIVED
District Health Officer No. 11,
District File Number 40-481
Date Filed APR 10 1948

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..... *E. C. Breit*

Licensed Embalmer No. *2658*

P. O. Address..... *Savannah*

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.