

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6

Registration District No. 458

Primary Registration District No. 4301

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Bucklin Bucklin Twp
(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 22 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Bucklin
(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.

8. (a) PRINT FULL NAME Sewell Hamer Townsend

8. (b) If veteran, name war _____ 8. (c) Social Security No. 709-162009

4. Sex male 5. Color white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Zoa B Phillips 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased August 1 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Station agent

11. Industry or business _____
MOTHER FATHER { 12. Name Wm Oliver Townsend
18. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Mobergen
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Zoa B. Townsend
(b) Address Bucklin Mo

17. (a) Burial (b) Date thereof Mar 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bucklin Mo

18. (a) Signature of funeral director James M. Douglas
(b) Address Marshall Mo

19. (a) 3-18-40 (b) J. L. Cantwell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 14 1940 to Mar 15 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration _____
in sudden

Due to Coronary thrombosis
Hypertension
Due to Endocarditis

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 _____

Where did injury occur? _____ (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(d) _____ (Specify type of place) _____
While at work? _____ (e) Means of injury _____

28. Signature J. Cantwell (M. D. or other) _____
Address Bucklin Mo Date signed 3-18-40

WHILE FILING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

twell

RECEIVED
District Health Officer No. 11,
District File Number 540-616
Date Filed MAY 6 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 Blanche M. Laughlin
Licensed Embalmer No. 1969
P. O. Address Marceline, Mo.

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.