

Registration District No. 288

Primary Registration District No. 5406

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin *Dunklin*

(b) City or town Kennett *R*

(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Kennett *R 2*

(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.

3. (a) PRINT NAME Tony James Allen Townsend

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13

year 1940 hour 3 minute 0 P. M.

4. Sex M

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 Jan. 3 1939

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-5-40 to 7-13-40

that I last saw him alive on 7-13-40

and that death occurred on the date and hour stated above.

8. AGE: Years 1 Months 6 Days 10

If less than one day _____ hr. _____ min.

Immediate cause of death Bacillary Dysentery

Due to not determined

Due to _____

Other conditions 12/13

(Include pregnancy within 3 months of death)

9. Birthplace Kennett

(City, town, or county) (State or foreign country)

10. Usual occupation None

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Lester Townsend

13. Birthplace Rector, Ark.

(City, town, or county) (State or foreign country)

14. Maiden name Maxine Cantrell

15. Birthplace Kennett Mo

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature N. S. Cantrell

(b) Address Hollis, Mo.

17. (a) Burial (b) Date thereof 7/14/1940

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ME Culla

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? _____

18. (a) Signature of funeral director Paul Salomon

(b) Address Kennett, Missouri

19. (a) 7-14-40 (b) Paul Salomon

(Date received local registrar) (Registrar's signature)

23. Signature J. H. Kern

Address Kennett, Mo. Date signed 7-14-40

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.

RECEIVED

District Health Officer No.

District File Number 840-13

Date Filed 8/12/44

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.