V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECEIVED SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. C. A. Barnard

State File No. 29502

Registration District No. 756 Primary Registration District No. ~~[illegible]~~ 5997 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town Portage Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: West Alton, Mo. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Charles Wesley Townsend Jr.
3. (b) If veteran, name war No
3. (c) Social Security No. 327-07-2425
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Sophie Springer
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased August (Month) 23 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
44	11	18	hr. min.

9. Birthplace Alton (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Alton Box & Paper Co.
MOTHER FATHER
12. Name Charles Wesley Townsend
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name Viola Bryant
15. Birthplace Alton (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mary Sophie Townsend
(b) Address West Alton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 14 - 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Immaculate Conception Cemetery West Alton Mo
18. (a) Signature of funeral director H. C. Ballmeyer & Son Co.
(b) Address 800 N. Second St. St. Charles, Mo.
19. (a) Aug 12 1940 (Date received local registrar) (b) Rae V. Barnard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1940 hour 8 minute A.M.
21. I hereby certify that I attended the deceased from March 10, 1940, to Aug 11, 1940; that I last saw him alive on August 10, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Primary Carcinoma of Liver — Duration 6 mo.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operation Primary Carcinoma of liver
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
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. A. Barnard (M. D. or other)
Address Portage Mo Scotty Date signed Aug 13

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.