

Registration District No. 531Primary Registration District No. 4208Registrar's No. 15

1. PLACE OF DEATH:

- (a) County HENRY
 (b) City or town Deepwater
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at home
 (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 days3. (a) PRINT FULL NAME SAMUEL C. TOWNES3. (b) If veteran, no name war _____
3. (c) Social Security No. none4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife MARY SUSAN TOWNES
6. (c) Age of husband or wife if alive 65 years7. Birth date of deceased June 7 - 1865
(Month) (Day) (Year)8. AGE: Years 75 Months 4 Days 17
If less than one day hr. _____ min. _____9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation old age assistance

11. Industry or business _____

12. Name John H. Townes18. Birthplace South Carolina
(City, town, or county) (State or foreign country)14. Maiden name Melba M. Fane15. Birthplace Kentucky
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Mary Substant(b) Address Deepwater Mo17. (a) Burial (b) Date thereof 10-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Englewood, Clinton Mo18. (a) Signature of funeral director Frank Smith(b) Address Deepwater Mo19. (a) 10-26-40 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Henry
 (c) City or town Deepwater
 (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 Oct day 24
year 1940 hour 2:30 AM M.21. I hereby certify that I attended the deceased from March 6, 1940 to Oct. 24, 1940;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Cancer of Face and adjacent tissues
Due to _____Due to 5/8Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations Treated by RadiationOf autopsy No

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?
no
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. Powell (M. D. or other)Address Deepwater Date signed 10/26-40

RECEIVED

Officer No. 7

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1604

Date Filed 11-12-40

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

Tom Hurst

Licensed Embalmer No. 2782

P. O. Address. Deepwater, 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. ,