No. 2
1-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

NOV 20 1940

State File No. 35953

Registration District No. 639 Primary Registration District No. 5848 Registrar's No. 8

1. PLACE OF DEATH:
(a) County Osage Bratton Twp
(b) City or town Chamois, Mo
(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) 2
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 69Yr. 1 Mo. 17 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missiouri (b) County Osage
(c) City or town Chamois,
(If outside city or town limits write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jeff C. Townley
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Townley
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Sept. (Month) 3 (Day) 1871 (Year)

8. AGE: Years 69 Months 1 Days 11 If less than one day hr. 17 min.

9. Birthplace Chamois (City, town, or county) MO. (State or foreign country)
10. Usual occupation Retired Rural Mail Carrier
11. Industry or business 0
FATHER 12. Name Alven Townley 0
13. Birthplace Chamois, Mo. Rural 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mey Phelps
15. Birthplace Chamois, Mo. Rural (City, town, or county) (State or foreign country)
16. (a) Informant James A. Townley
(b) Address Box 44 Chamois, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 17 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cemetery
18. (a) Signature of funeral director Otto T. Stocksick
(b) Address Chamois, Mo.
19. (a) Oct. 17-1940 (Date received local registrar) (b) Esther Sonder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 — 1940 year 1940 hour 5 minute 15 P. M.
21. I hereby certify that I attended the deceased from 10/1/1940, 19__, to 10/14 1940, 19__; that I last saw alive on 10/14 1940, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Tally Digenerali (Heart)
Due to
Due to A.C.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. D. Conley (M. D. or other)
Address Chamois Date signed 10/16/40

(Licensed Embalmer's Statement on Reverse Side)

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 Otto T. Stockrick

Licensed Embalmer No. 1902

P. O. Address Chamois, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.