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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43420

JAN 25 1941

Registration District No. 1102

Primary Registration District No. 5870

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Deerling Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ward 3
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot

(c) City or town Deerling (Rural)
(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 FULL NAME ANDREW JACKSON TOWNLEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1940 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 1, 1940 to Dec - 30, 1940

that I last saw him alive on Dec - 28, 1940 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Martha Townley 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 20 - 1883
(Month) (Day) (Year)

Immediate cause of death: myocarditis chronic; hypertensive heart disease; arteriosclerosis

Due to hypertension

Due to _____

8. AGE: Years 57 Months 7 Days 10 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 1/2

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name James Townley

13. Birthplace Alabama (City, town, or county) (State or foreign country)

14. Maiden name Mary Mann

15. Birthplace Georgia (City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant James H. Townley

(b) Address Deerling

17. (a) Oak Ridge (b) Date thereof Jan 1 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves

18. (a) Signature of funeral director Lutz Service

(b) Address Westport Mo

19. (a) Jan 7 - 41 (b) Mrs. T. R. Cole
(Date received local registrar) (Registrar's signature)

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? 501

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

23. Signature of city health (M. D. or other) _____

Date signed 12-31-40

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

1-41-31

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 *A. C. Lausdell*

Licensed Embalmer No. *818*

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, fact should be so stated above.