

FILED JAN 25 1940
Registration District No. 250

Primary Registration District No. 5986

Registrar's No. 1716

1. PLACE OF DEATH: Ripley
 (a) County Ripley
 (b) City or town Current River Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 years
 (Specify whether years, months or days) 2

In this community 5 years
 years, months or days) 2
 8. (a) PRINT FULL NAME Susan Catherine Townsend
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife George Townsend 6. (c) Age of husband or wife if alive deceased, years
 7. Birth date of deceased Jan 29 1867
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>20</u>	<u>✓</u> hr. <u>✓</u> min.

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

10. Usual occupation Housewife

11. Industry or business farm

12. Name Jim Meadows

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

14. Maiden name Rodgers

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

16. (a) Informant Joe L. Townsend (Son)

(b) Address Danpham Mo.

17. (a) Rural (b) Date thereof 12-21-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pratt's Cemetery

18. (a) Signature of funeral director E. Jordan
 (b) Address Danpham Mo.

19. (a) Dec 20 1940 (b) E. B. Johnston
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Ripley
 (c) City or town Current River Twp.
 (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 Dec. day 19
 year 1940 hour 4:55 minute AM
 21. I hereby certify that I attended the deceased from Dec 16-40
Dec 19 1940 to Dec 19-40 1940
 that I last saw her alive on Dec 19-40 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 100

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration
Dec 16
To Dec
20

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? 74

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

23. Signature Clifford G. Post (M. D. or other) !

Address Danpham Mo. Date signed _____

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 141123

Date Filed _____

SEP 9 1955

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.