

APR 15 1941

Primary Registration District No. **1001**

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

1. PLACE OF DEATH: **Buchanan**

(a) County **Buchanan**

(b) City or town **St. Joseph**

(c) Name of hospital or institution: **Missouri Methodist Hospt.**

(d) Length of stay: In hospital or institution **3 days**

In this community _____ years, months or days

3. (a) PRINT FULL NAME **Sadie Ellen Townsend**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George Townsend**

6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **May 18, 1900**

8. AGE: Years **40** Months **9** Days **20**

If less than one day _____ hr. _____ min.

9. Birthplace **Union Star** **Missouri**

(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Own home**

12. Name **James Wright**

13. Birthplace **Unknown MO.**

(City, town, or county) (State or foreign country)

14. Maiden name **Phoebe Bird**

15. Birthplace **Unknown** **Unknown**

(City, town, or county) (State or foreign country)

16. (a) Informant **George Townsend**

(b) Address **R. H. # 1 De Kalb, MO.**

17. (a) **Burial** (b) Date thereof **March 9, 1941**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bolckow, Mo.**

18. (a) Signature of funeral director **L. D. Clark Mastrey**

(b) Address **5025 King Hill Ave.**

19. (a) **11/14/41** (b) **H. G. Nestor**

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **De Kalb**

(d) Street No. **R. R. # 1**

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **8**

year **1941** hour **6** minute **20** a. M.

21. I hereby certify that I attended the deceased from **Mar 6**

1941, 19____, to **Mar 8**, 19____

that I last saw her alive on **March 7**, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic Coma**

Gas Bacillus

Duration **2 1/2**

Due to _____

Due to **bl**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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? **85**

(Specify type of place) (e) Means of injury _____

23. Signature **E. B. McAdew** (M. D. or other) **E. B. D.**

Address **De Kalb Mo** Date signed **3/8/41**

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 3/8/41

....., Registered Apprentice No.
working under my personal supervision.

Signed

E. A. C. ...

Licensed Embalmer No. 3476

P. O. Address St. Joseph,

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.