

No. 2
-13-40
17-39
X23159

FILED MAY 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

13897

STANDARD CERTIFICATE OF DEATH

Registration District No. 74 Primary Registration District No. 5-113 State File No. 10
Registrar's No. 109

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Rural - Rocky Fork Twp.
(c) Name of hospital or institution Rural - Rocky Fork Twp.
(d) Length of stay: In hospital or institution no
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Rural
(d) Street No. Rocky Fork Township
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME OBED SHEPPARD TOWLE

3. (b) If veteran, name war no 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive + years

7. Birth date of deceased Oct. 22 1861

8. AGE: Years 79 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Unknown Wis.

10. Usual occupation Farmer

11. Industry or business

12. Name Clifford Towle

13. Birthplace Maine

14. Maiden name Unknown

15. Birthplace Maine

16. (a) Informant W. B. Towle

(b) Address Halls Mill, Mo.

17. (a) Burial (b) Date thereof 3-13-41

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director W. B. Towle

(b) Address Columbia, Mo.

19. (a) 3/15/41 (b) Mrs. L. Towle

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1941 hour 1:30 minute 0 M.

21. I hereby certify that I attended the deceased from one March 10 1941 to 19 41 to 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to 94

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? X

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature W. B. Towle (M. D. or other) W. B. Towle
Address Columbia, Mo. Date signed 7-12-41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

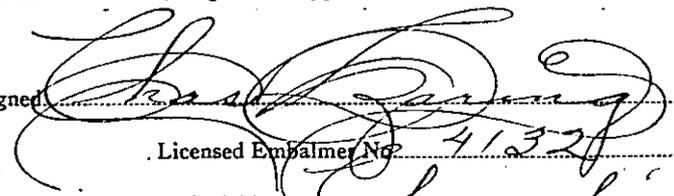
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 41327

P. O. Address Columbia

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.