o. 2
13-40
7-39
X23159

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

FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15219

State File No.

Registration District No. 566 Primary Registration District No. 3130 Registrar's No. 51

1. PLACE OF DEATH:
(a) County MISSISSIPPI
(b) City or town CHARLESTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1005 E. COMMERCIAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 67
(a) State MISSOURI (b) County MISSISSIPPI
(c) City or town CHARLESTON 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1005 E. COMMERCIAL 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME EDWARD DOWNS TOWNSEND
3. (b) If veteran, name war WORLD WAR #I
3. (c) Social Security No. 497-16-0636
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GRACE TOWNSEND
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JANUARY (Month) 18, (Day) 1890 (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	3	10	hr. min.

9. Birthplace FREDRICKTOWN, (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARM MANAGER
11. Industry or business FARMING
FATHER
12. Name GEORGE TOWNSEND
13. Birthplace (City, town, or county) MISSOURI (State or foreign country) 0
MOTHER
14. Maiden name LAURA FRANK HICKS
15. Birthplace (City, town, or county) MISSOURI (State or foreign country) 0
16. (a) Informant MRS GRACE TOWNSEND
(b) Address CHARLESTON, Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation IOOF - CHARLESTON, Mo
18. (a) Signature of funeral director LAIR-NUNNELEE
(b) Address CHARLESTON, Mo
19. (a) 4-29-41 (Date received local registrar) (b) Frank S Vernon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 28TH year 1941 hour 4 minute 05 P.M.
21. I hereby certify that I attended the deceased from April 28th, 1941, to April 28, 1941; that I last saw him alive on April 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	30 min.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94 W

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 Paul S Baur MD (M. D. or other) 11
Address Charleston Mo. Date signed 4/28/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 541-5-
Date Filed 5/8/

JUN 20 1945

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 John F. Nunnelee Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, M

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

If this body is not embalmed, fact should be so stated above.